

EXHIBIT 1



Review article

Continuing pregnancy after mifepristone and “reversal” of first-trimester medical abortion: a systematic review[☆]Daniel Grossman^{a,b,*}, Kari White^c, Lisa Harris^{d,e}, Matthew Reeves^{f,g}, Paul D. Blumenthal^h, Beverly Winikoffⁱ, David A. Grimes^j^aIbis Reproductive Health, Oakland, CA 94612, USA^bBixby Center for Global Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA 94143, USA^cDepartment of Health Care Organization and Policy, School of Public Health, University of Alabama at Birmingham, Birmingham, AL 35233, USA^dDepartment of Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI 48109, USA^eDepartment of Women's Studies, Program in Sexual Rights and Reproductive Justice, University of Michigan, Ann Arbor, MI 48109, USA^fNational Abortion Federation, Washington, DC 20036, USA^gJohns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, USA^hDepartment of Obstetrics and Gynecology, Stanford University, Stanford, CA 94305, USAⁱGynuity Health Projects, New York, NY 10010, USA^jDepartment of Obstetrics and Gynecology, University of North Carolina School of Medicine, Chapel Hill, NC 27516, USA

Received 4 May 2015; revised 27 May 2015; accepted 2 June 2015

Abstract

Objective: We conducted a systematic review of the literature on the effectiveness of medical abortion “reversal” treatment. Since the usual care for women seeking to continue pregnancies after ingesting mifepristone is expectant management with fetal surveillance, we also performed a systematic review of continuing pregnancy after mifepristone alone.

Study design: We searched PubMed, CINAHL (*Cumulative Index to Nursing and Allied Health Literature*), Scopus and the Cochrane Library for articles published through March 2015 reporting the proportion of pregnancies continuing after treatment with either mifepristone alone or after an additional treatment following mifepristone aimed at reversing its effect.

Results: From 1115 articles retrieved, 1 study met inclusion criteria for abortion reversal, and 13 studies met criteria for continuing pregnancy after mifepristone alone. The one report of abortion reversal was a case series of 7 patients receiving varying doses of progesterone in oil intramuscularly or micronized progesterone orally or vaginally; 1 patient was lost to follow-up. The study was of poor quality and lacked clear information on patient selection. Four of six women continued the pregnancy to term [67%, 95% confidence interval (CI) 30–90%]. Assuming the lost patient aborted resulted in a continuing pregnancy proportion of 57% (95% CI 25–84%). The proportion of pregnancies continuing 1–2 weeks after mifepristone alone varied from 8% (95% CI 3–22%) to 46% (95% CI 37–56%). Continuing pregnancy was more common with lower mifepristone doses and advanced gestational age.

Conclusions: In the rare case that a woman changes her mind after starting medical abortion, evidence is insufficient to determine whether treatment with progesterone after mifepristone results in a higher proportion of continuing pregnancies compared to expectant management.

Implications: Legislation requiring physicians to inform patients about abortion reversal transforms an unproven therapy into law and represents legislative interference in the patient–physician relationship.

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Keywords: Medical abortion; Mifepristone; Reversal; Progesterone; Continuing pregnancy

[☆] Conflicts of interest: none.

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1. Introduction

First-trimester medical abortion involves the use of mifepristone followed by misoprostol, generally up to a gestational age of 63 days from last menstrual period [1,2]. Many women prefer medical abortion to surgical abortion

because they perceive it as less invasive and more private [3]. The proportion of all nonhospital abortions in the United States that were early medical abortions increased from 17% in 2008 to 23% in 2011 [4].

In early 2015, legislatures in Arizona and Arkansas passed laws requiring physicians providing abortion to inform women that if they choose to have a medical abortion and then decide not to complete the abortion, the effect of mifepristone may be reversed with specific treatment [5]. Treatment to reverse the effects of mifepristone is not considered an established practice by the American College of Obstetricians and Gynecologists (ACOG) [6] and was not described in a recent practice bulletin on first-trimester medical abortion issued by ACOG and the Society of Family Planning (SFP) [1].

The purpose of this study was to perform a systematic review of the literature on reversal of medical abortion that documented the proportion of pregnancies continuing after treatment. Since the usual care for women seeking to continue pregnancies after ingesting mifepristone is expectant management with fetal surveillance, we also performed a systematic review of continuing pregnancy after treatment with mifepristone alone.

2. Materials and methods

2.1. Systematic review of medical abortion reversal

In this review, we searched for reports of pharmacological methods (e.g., intramuscular injection of progesterone) to reverse the effects of mifepristone prior to administration of misoprostol (or any other prostaglandin) for first-trimester medical abortion. We anticipated few, if any, randomized controlled trials and therefore broadened our search to include cohort studies and case studies or case series; we excluded review articles, editorials and commentaries. The primary outcome was the proportion of women who carried their pregnancies to term after receiving treatment to reverse the effect of mifepristone.

We searched for studies published through March 31, 2015, using databases for PubMed, the CINAHL (*Cumulative Index to Nursing and Allied Health Literature*), Scopus and the Cochrane Library. We combined the following search terms as Medical Subject Headings (MeSH) and text words: induced abortion, steroidal abortifacient agents; mifepristone; Mifeprex; Mifegyne; RU-486; reverse; antidote; progesterone; progestin; first-trimester pregnancy (see [Box](#)).

After initial title and abstract screening, two reviewers (DG and KW) independently evaluated full-text articles to determine whether they met the inclusion criteria. For relevant studies, we recorded the number of women enrolled in the study (or included in the case series) and the number of continuing pregnancies. We then calculated the percentage of continuing pregnancies and 95% Wilson Score confidence intervals (CIs) for women receiving reversal therapy.

Box

List of PubMed search terms used in a systematic review of studies on the efficacy of medical abortion reversal

Search

- (1) "Abortifacient Agents, Steroidal"[mesh] or "Mifepristone" [mesh] or mifepristone or mifegyne or mifeprex or "r 38486" or r38486 or r-38486 or "ru 38486" or "ru 486" or ru486 or ru-486 or ru38486 or "zk 98296" or zk98296 or zk-98296
- (2) "Abortion, Induced"[mesh] or abort* or terminat*
- (3) ("Pregnancy"[mesh] or pregnan* and ("first trimester") or (week*)) or "Pregnancy Trimester, First"[mesh] or "early pregnancy"
- (4) revers* or antidote or "Progesterone"[mesh] or progesterone or "progestins"[mesh] or progestin*
#1 AND #2 AND #3 AND #4
AND (("0001/01/01"[PDAT]: "2015/03/31"[PDAT])
AND "humans"[MeSH Terms])

2.2. Systematic review of continuing pregnancies following the use of mifepristone alone for first-trimester medical abortion

We reviewed cohort studies and randomized controlled trials that used mifepristone alone during the first trimester of pregnancy to induce abortion, which we identified through a search of the same four databases and using the same search strategy, excluding the reversal terms. We also searched the reference lists of relevant publications for additional studies. We excluded studies that only reported medical abortion failure after mifepristone alone and did not specify the number of continuing pregnancies. We calculated the proportion of pregnancies continuing at the time of the follow-up visit after treatment with mifepristone alone and 95% Wilson Score CIs. Because the mifepristone regimens were not uniform, metaanalysis could not be performed.

3. Results

3.1. Systematic review of medical abortion reversal

Of the 319 unduplicated titles identified in our search, one article met our inclusion criteria ([Fig. 1](#)). This article was a case series by Delgado and Davenport [7] of seven women who received progesterone treatment after taking mifepristone for medical abortion at 7–11 weeks gestation. The mifepristone dosage was not noted. One patient was lost to follow-up. Of the six patients with follow-up data, four continued the pregnancy and delivered at term with no apparent congenital malformations; two patients aborted the pregnancy within 3 days of taking mifepristone. The progesterone regimen varied from progesterone in oil 200 mg intramuscularly daily to twice per week, sometimes followed by oral micronized progesterone, to micronized

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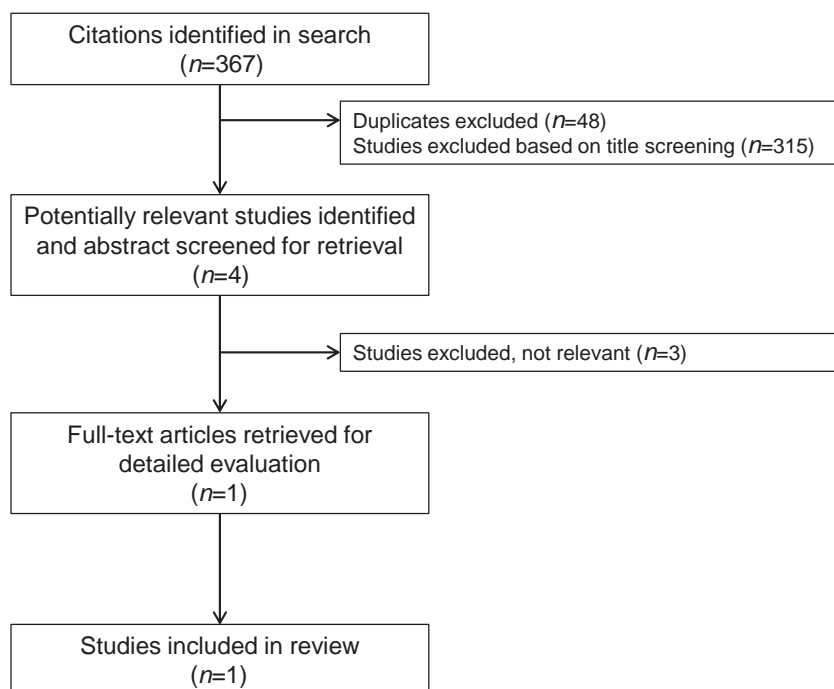


Fig. 1. Summary of study selection process for medical abortion reversal.

progesterone administered vaginally. Therapy was continued for up to 5 months. The publication provides limited details, but it appears that, in at least five cases, a living embryo was documented prior to initiating progesterone treatment. The authors did not report how many women presented seeking medical abortion reversal after taking mifepristone and were found to have already aborted and therefore excluded from treatment. The dates during which cases were collected are not specified, and it is unclear if all women treated were included in the case series. Based on the four continuing pregnancies and excluding the patient lost to follow-up, the proportion of pregnancies continuing after this therapy was 67% (95% CI 30–90%). If we assume that the patient lost to follow-up had an abortion, the continuing pregnancy proportion was 57% (95% CI 25–84%).

3.2. Systematic review of continuing pregnancies following the use of mifepristone alone for first-trimester medical abortion

Our search retrieved 1115 unduplicated articles, and 13 studies in 11 publications met our inclusion criteria (one publication was an English-language article that included two relevant studies performed in China, and one publication provided complete information on two relevant mifepristone dosages) (Fig. 2) [8–18]. Women were generally assessed 1–2 weeks after mifepristone and those with a continuing pregnancy at that time underwent surgical abortion. Table 1 shows for each study the mifepristone regimen used, the gestational age limit, when the follow-up visit occurred, the proportion of pregnancies that had a complete abortion after

mifepristone alone and the proportion of pregnancies that were continuing at the follow-up visit. The continuing pregnancy proportions ranged from 8% to 46% with the different regimens.

4. Discussion

We found only one small case series that evaluated a treatment aimed at reversing the effects of mifepristone. The proportion of pregnancies that continued after this treatment was 57–67%, but the 95% CI of this estimate was wide, ranging from 25% to 90% [7]. The study was of poor quality with few details.

Due to the limited information in the article [7], one cannot directly compare the results of this single small series to the continuing pregnancy rate after mifepristone alone, which was as high as 46% in one of the clinical trials [15]. In the report by Delgado and Davenport [7], women presented 7–48 h after mifepristone ingestion, and, except for two cases, the patient had a live embryo at the time of treatment. In order to calculate the proportion of women with a continuing pregnancy seeking this treatment, which would be comparable to the proportion of continuing pregnancies after mifepristone alone, one must know how many women requested treatment and were found to already have an embryonic demise or incomplete abortion. It is reasonable to suppose that women who have an ongoing pregnancy 1–2 days after mifepristone are more likely to have pregnancies that continue to term with no further treatment. It is also possible that some of the continuing pregnancies noted 1–2

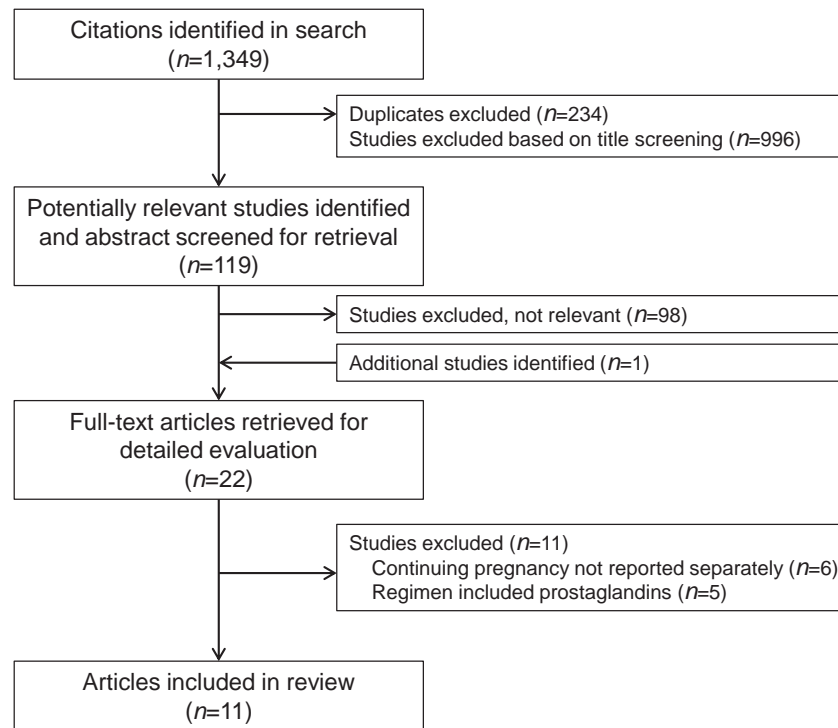


Fig. 2. Summary of study selection process for continuing pregnancy following administration of mifepristone alone for medical abortion.

weeks after treatment in the studies of mifepristone alone may have aborted if the period of follow-up were longer.

Although the dose of mifepristone was not noted in the report by Delgado and Davenport [7], women likely received 200 mg, which is the dosage recommended by ACOG and SFP and most often used by providers in the US [1,19]. Most of the studies of mifepristone alone used a higher dose, and the one study that compared 600 mg to 200 mg found a higher proportion of continuing pregnancies with 200 mg

[18]. In addition, none of the studies of mifepristone alone included women pregnant beyond 56 days, while the report by Delgado and Davenport [7] included women up to 11 weeks gestation. In the first trimester, the risk of continuing pregnancy after medical abortion increases as gestational age advances [15,20].

Progesterone is used for other indications during pregnancy. Injections of 17 α -hydroxyprogesterone caproate or administration of vaginal progesterone suppositories or

Table 1

Studies reporting the proportion of women with continuing pregnancies following administration of mifepristone alone for medical abortion

Study	Mifepristone oral dose	N	Gestational age limit	Follow-up visit (number of days after mifepristone)	Complete abortion	Continuing pregnancy at follow-up visit (%; 95% CI)
Birgerson 1988 [9]	10, 25 or 50 mg twice daily for 7 days	153	49 days	8–10 days	67%	27% (20–34%)
Cameron 1986 [8]	150 mg daily for 4 days	20	56 days	14 days	60%	25% (11–47%)
Carol 1989 [17]	600 mg (single dose)	50	39 days	NS	80%	12% (6–24%)
Grimes 1988 [10]	600 mg (single dose)	50	49 days	14 days	88%	10% (4–21%)
Kovacs 1984 [11]	25–100 mg twice daily for 4 days	36 ^a	42 days	14 days	61%	8% (3–22%)
Maria 1988a [16]	600 mg (single dose)	149 ^a	42 days	7 days	88%	9% (6–15%)
Maria 1988b [18]	600 mg (single dose)	174	49 days	7 days	84%	11% (8–17%)
Maria 1988b [18]	200 mg (single dose)	30	49 days	7 days	63%	23% (12–41%)
Somell 1990 [12]	600 mg (single dose)	70	42 days	7 days	80%	17% (10–28%)
Swahn 1989 [13]	25 mg twice daily for 4 days	14	49 days	14 days	57%	36% (16–61%)
Ylikorkala 1989 [14]	600 mg (single dose)	47 ^b	43 days	14 days	70%	11% (5–23%)
Zheng 1989 [15]	600 mg (single dose)	204	42 days	7 days	65%	31% (25–38%)
Zheng 1989 [15]	600 mg (single dose)	95	49 days	7 days	53%	46% (37–56%)

NS, not specified.

^a One additional participant was later found to have an ectopic and is excluded from the total here.

^b Three additional participants had a missed abortion at time of treatment and are excluded from the total here.

gel may be used for prevention of preterm birth among women at high risk of early delivery, generally weekly from 16 weeks to 36 weeks gestation [21]. Progesterone supplementation is also used with assisted reproductive technologies that involve treatment with a gonadotropin-releasing hormone (GnRH) analog, agonist or antagonist, which may interrupt the normal functioning of the corpus luteum [22]. Progesterone in oil injections or vaginal suppositories or gel may be used for this purpose, but treatment is generally stopped after 9–12 weeks gestation, by which time the trophoblast is the primary source of progesterone. Progesterone is not associated with an increased risk of congenital anomalies, including genital abnormalities. Adverse events associated with progesterone injections include injection site swelling or irritation [23], as well as the potential of allergies to the yam, soy or peanut used in manufacturing or compounding the medication [21].

However, the evidence supporting the use of progesterone early in pregnancy after GnRH treatment or to prevent preterm birth is not directly applicable to the situation after mifepristone treatment. Mifepristone blocks the progesterone receptor with a higher affinity than progesterone itself [24]. Women treated with mifepristone for abortion have normal pregnancies with high progesterone levels, and it is not clear that adding more progesterone would counteract the effect of the receptor blockade. A recent randomized controlled trial found that insertion of an etonogestrel contraceptive implant, a very potent progestin, immediately after ingestion of mifepristone did not reduce the effectiveness of the medical abortion regimen compared to delayed insertion after abortion completion [25], confirming the findings of a previous pilot study [26]. In addition, the duration of treatment that women received in the report by Delgado and Davenport [7] was more consistent with preterm labor prevention (albeit with an unproven regimen). It also far exceeded the expected duration of action of mifepristone since the drug is undetectable in humans 10 days after ingestion of a 200-mg dose [27].

The evidence to date does not suggest an elevated risk of congenital malformations after mifepristone administration alone. A recent prospective study from France reported on 46 pregnancies exposed to mifepristone only [28]. Two major malformations occurred among 38 continuing pregnancies (5.3%), which, based on these small numbers, does not appear to be significantly elevated above the expected proportion of about 3%. While more prospective data are needed, information about the low risk of congenital malformations after mifepristone exposure should be given to women who decide to continue a pregnancy after taking the drug.

The clinical use and new state laws concerning abortion “reversal” raise serious ethical concerns. The limited data on mifepristone reversal grew out of the anecdotal experiences of physicians who performed experimental treatment on pregnant women, without usual research safeguards. Delgado and Davenport [7] do not report that their study

had an ethics board or institutional review board (IRB) approval. Case reports involving retrospective analysis of three or fewer cases do not generally require IRB oversight, although institutions or journals may require IRB review to determine that the report is exempt. While Delgado and Davenport [7] published their findings as a “case report,” their study is clearly “research” as defined in federal policy. Federal regulations define research as “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge [29].” The report clearly extends into the realm of research, whether measured by its prospective nature, the number of patients on which it reports, its attempt to assess a specific new treatment regimen or the suggestion that the data produced be used to guide treatment of other women. In recognition of the report’s limitations, Delgado and Davenport [7] themselves called for further clinical trials before routine use of their protocol. The new laws in Arizona and Arkansas have now bypassed the research process, in effect making all women who undergo this treatment subjects in an uncontrolled, unmonitored experiment.

Providing evidence-based care is part of how physicians meet their beneficence-based obligations to patients, and therefore, it is a *moral* as well as a clinical mandate to base care on accepted scientific fact. The new laws compel physicians to say things that may contradict their clinical knowledge and judgment. Some physicians will not be able to do so in good conscience; they may feel that suggesting unproven treatment or suggesting that a woman can begin an abortion with uncertainty about her decision contradicts their duty to do no harm.

Women rarely change their minds after beginning a medical abortion. According to reports that physicians are required to submit to the drug’s manufacturer, between 2000 and 2012, less than 0.004% of women taking mifepristone in the US later chose to continue the pregnancy (personal communication, Danco Laboratories). In such a case, a woman should be counseled that there is a reasonable chance (10–45%) that the pregnancy will continue. We found no credible evidence that using medication after ingestion of mifepristone is better than expectant management in assuring a continuing pregnancy; suggesting otherwise is scientifically untenable. Legislative interference in the patient–physician relationship is unwarranted and dangerous [30]. In the case of recent Arizona and Arkansas laws, this interference transforms an unproven therapy into law, bases law on methodologically flawed research and in effect turns unethical experimentation on pregnant women into legislative mandate. These features of mifepristone reversal represent an affront to responsible research conduct and to the ethical practice of medicine.

Acknowledgments

This work was supported by grants from the William and Flora Hewlett Foundation and an anonymous foundation.

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EXHIBIT 2



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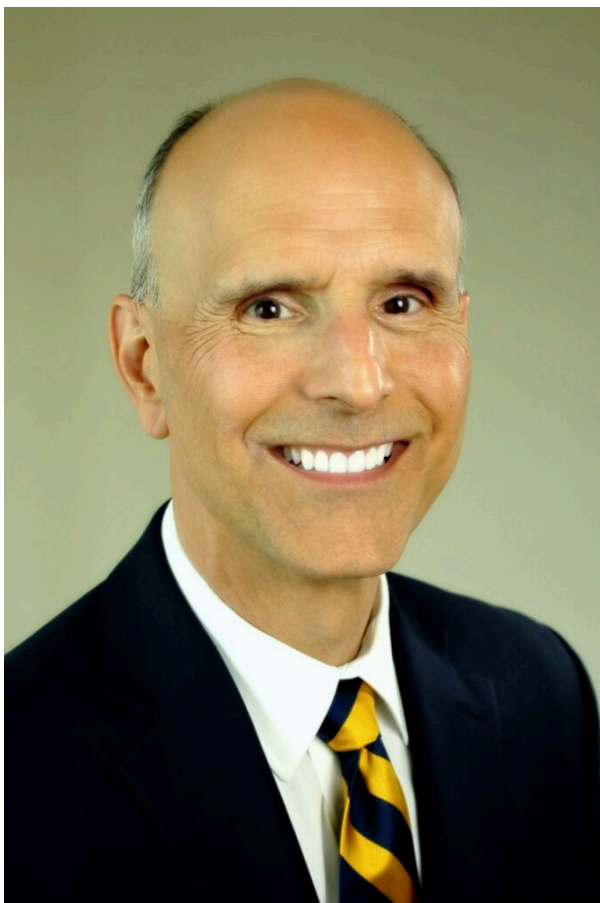
George Delgado, M.D.

President, Board of Directors

George Delgado, M.D., is the president and founder of Steno Institute. Since 2005, he has been the Medical Director of Culture of Life Family Services (COLFS) in San Diego, California. He was also the founder of the Abortion Pill Reversal (APR) program, now called Abortion Pill Rescue. The APR program provides a medically safe protocol, using progesterone, to reverse the effects of the drug mifepristone, which is now used in over 30% of the one million annual abortions in the U.S. Since 2008, over 1000 women have given birth to healthy babies thanks to the use of the APR protocols developed, studied and promulgated by Dr. Delgado and his team.

In 2018, because of the APR success, Dr. Delgado partnered with Heartbeat International, the largest pro-life organization in the world, including over 2500 affiliated pregnancy centers, maternity homes, and non-profit agencies on six continents. Heartbeat International assumed responsibility for APR operations, and global outreach. Dr. Delgado retained directorship of APR research and has founded the Steno Institute to serve as the platform for broader pro-life research, including abortion pill reversal.

He was the author of the two most important articles in the medical literature describing and evaluating the successful reversal of mifepristone medical abortions. Additionally, Dr. Delgado was a co-author on Dr. Mary Davenport's high-impact paper reviewing the mifepristone literature to establish an historic control of embryo



survival of mifepristone abortion, if no treatment is offered. Read the articles, **here** (<https://stenoinstitute.org/articles/>).

Board certified in both family medicine and hospice and palliative medicine, Dr. Delgado received his medical degree from the University of California, Davis, and completed his residency at Santa Monica Hospital/UCLA. Dr. Delgado is certified in Health Care Ethics through the National Catholic Bioethics Center and is a Natural Family Planning Medical Consultant, having completed the NaProTECHNOLOGY physician training program.

Dr. Delgado is nationally recognized for his pro-life medical expertise. He is a regular guest on the highly acclaimed Catholic Answers Live radio show, received the St. Gianna Molla Pro-Life Award at the 2017 Walk for Life West Coast, was awarded the Servant Leader Award in 2018 by Heartbeat International, and was granted the Pro-Life Innovator Award by Solidarity HealthShare in January 2019.

Matthew Harrison, M.D.

Treasurer, Board of Directors

Dr. Matthew Harrison is a board-certified family physician residing in North Carolina. He obtained his Bachelor of Science and Master of Arts degrees in biology from the College of William and Mary and his Doctorate in Medicine from the Medical College of Virginia/Virginia Commonwealth University. Dr. Harrison was a co-author on a paper (<https://stenoinstitute.org/articles/>) reviewing the mifepristone literature to establish qan historic control of embryo survival of mifepristone abortion, if no treatment is offered. Additionally, he co-authored

papers in pediatric leukemia protocols as well as brain receptor biology while a supervising research technician at Johns Hopkins University and Duke University. He is currently serving as a full-time hospitalist, and was the previous medical director of a hospitalist group at a 200-bed acute care hospital where he is also an assistant professor for Campbell School of Osteopathic Medicine. Dr. Harrison has provided obstetrical care since 1998, and currently is the medical director of a free prenatal care center outside of Charlotte, NC. He is the director of the student health center at Belmont Abbey College. Dr. Harrison performed the first recorded mifepristone (RU- 486) reversal in 2006 and Kaylie is thriving. Dr. Harrison is married to Kathleen, and they have 7 children.



**Mary L. Davenport, M.D, M.S., F.A.C.O.G.,
C.N.F.P.M.C.**

Secretary, Board of Directors

Dr. Davenport is a board-certified obstetrician-gynecologist in private practice in the San Francisco Bay Area. She is a past president of the American Association of Pro-Life Obstetricians and Gynecologists, and is the medical director of Magnificat Maternal Health Program of the Diocese of Idaho, Idaho, USA. She's a Natural Family Planning Medical Consultant, through the NaProTECHNOLOGY physician training program at the Pope Paul VI Institute. Recently she completed a master's degree in nutrition and metabolism. Dr. Davenport has lectured extensively on a Catholic approach to reproductive health care; In a EWTN series on Humane Vitae, she spoke on its implications for women's health care. Maternal mortality, the global abortion

agenda, harms of abortion, contraception and sexually transmitted infections have been other lecture topics at international and US educational institutions and medical groups. She co-authored a paper on the Hippocratic Oath for the Linacre Quarterly. She was the lead author on on a paper (<https://stenoinstitute.org/articles/>) reviewing the mifepristone literature to establish an historic control of embryo survival of mifepristone abortion, if no treatment is offered. Dr. Davenport was a co-author on the two groundbreaking papers (<https://stenoinstitute.org/articles/>) describing the reversal of mifepristone abortions using progesterone. In addition, she is on the boards of the California Association for Natural Family Planning (CANFP) and the Breast Cancer Prevention Institute. She graduated from Smith College and Tufts University School of Medicine, and completed her obstetrics and gynecology residency at the University of California, San Diego.

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EXHIBIT 3

Virtual Mentor

American Medical Association Journal of Ethics
January 2011, Volume 13, Number 1: 46-51.

POLICY FORUM

Rating Evidence in Medical Literature

Opeyemi O. Daramola, MD, and John S. Rhee, MD, MPH

A 24-year-old medical student comes to your clinic having had purulent rhinorrhea for 14 days, preceded by symptoms of upper respiratory infection. She reports having facial pain, frontal headache, nasal congestion, fever, and overall malaise. Nasal endoscopy reveals inflamed nasal mucosa with significant edema bilaterally. There is purulent rhinorrhea in the left middle meatus. Both cheeks are tender to the touch. You prescribe a 10-day course of amoxicillin and daily use of an intranasal steroid spray. She agrees with the use of amoxicillin but questions your nasal steroid recommendation. She proceeds to ask you about the effectiveness of intranasal steroids as adjunctive therapy and the strength of reported evidence supporting this recommendation.

An eager learner observing a seasoned physician will often probe the origin of the physician's recommendation. Today's patients are encouraged to seek more education about their health. Thus, they are not shy about questioning their physician's recommendations. If the efficacy of an intervention has been established, how does it compare to available alternatives? How does one reach conclusions about the strength of relevant comparisons?

Evidence-Based Medicine

A concise and widely cited definition of evidence-based medicine (EBM) was formulated by David Sackett, one of its pioneers [1]. Sackett and colleagues define EBM as the "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" [1]. In practice, the provision of compassionate EBM reflects the integration of evidence from research, wisdom from clinical experience, and respect for the patient's values and preferences, while recognizing existing circumstances [2, 3]. Most journals and specialty academies are dedicated to the continuous pursuit of high-quality studies and explicit grading recommendations in order to provide effective guidelines to physicians [4].

To understand the strength of guidelines and management strategies, one must be familiar with the different levels of evidence. The Oxford Centre for Evidence-Based Medicine (OCEBM) provides a popular scale for stratifying evidence from strongest to weakest on the basis of susceptibility to bias and the quality of the study design [5]. A modified and condensed version of the OCEBM scale is presented in table 1. A similar hierarchy is used by the U. S. Preventive Services Task Force in grading evidence [6, 7].

Table 1. Modified presentation of the Oxford Centre for Evidence-Based Medicine levels of evidence [5].

Grade of Recommendation	Level of Evidence	Type of Study
A	1a	SR (with homogeneity) of RCTs and of prospective cohort studies
	1b	Individual RCT with narrow confidence interval, prospective cohort study with good followup
	1c	All or none studies, all or none case series
B	2a	SR (with homogeneity) of cohort studies
	2b	Individual cohort study
	2c	Outcomes research, ecological studies
	3a	SR of case control studies, SR of 3b and better studies
	3b	Individual case control study, nonconsecutive cohort study
C	4	Case series/case report, poor quality cohort studies
D	5	Expert opinion, bench research

SR: systematic review; RCT: randomized controlled trial.

Randomized controlled trials (RCTs) are considered the gold standard in modern medicine for determining the efficacy of a treatment. Individual RCTs are level 1b evidence. Systematic reviews of homogenous RCTs are regarded as the highest level of evidence—level 1a. These systematic reviews consist of information synthesized from individual, well-designed RCTs where participants are similar and have equal chances of being assigned to an intervention group, a control group, or a placebo group. Systematic reviews of trials with blinded investigators and subjects (i.e., double-blinded RCTs) are even more desirable than reviews of non-double-blinded trials. These studies go through rigorous measures to eliminate bias, but they tend to be expensive and time-consuming.

In the case of our medical student, a literature search would reveal a published Cochrane Database systematic review of double-blinded RCTs. This review reported that intranasal corticosteroids (INCS) had been found to be effective as monotherapy or as adjunctive treatment when compared to placebo treatment for acute rhinosinusitis [8]. This review examined 475 studies but excluded 471. In the selected four studies, which had a robust total of 1,943 participants, those treated with INCS had earlier resolution or improvement of symptoms than those receiving a placebo. This systematic review selected high-quality, double-blinded placebo-controlled RCTs with homogenous design, clear reporting of outcomes, and an adequate number of subjects to establish clinical significance.

Cohort studies are considered level 2b evidence. In this design, a population (cohort) is defined according to the presence or absence of a variable that may potentially influence the occurrence of a specific disease. Cohort studies can be prospective or retrospective. In prospective cohort studies, people at risk for certain diseases are followed over time to investigate trends or risk factors in those who get the disease. Predictor variables are measured before outcomes occur. In retrospective cohort studies, the sample is defined and predictor variables are reported after the outcomes have occurred. Epidemiology studies that compare outcomes of people who had a certain exposure to unexposed subjects are examples of cohort studies.

Suppose you are counseling a 35-year-old woman whose husband is addicted to smoking tobacco about the risk of environmental tobacco smoke (ETS) on cardiovascular health. Because the deleterious effects of smoking tobacco are well-established, it would be unethical to perform a RCT to answer this question. An appropriate cohort study, such as one performed by Iribarren et al., would be the highest level of study that can be performed ethically and pragmatically to address the question in this scenario [9]. Iribarren et al. investigated the independent effect of exposure to environmental tobacco smoke (ETS) on the risk of stroke among 27,698 lifelong nonsmokers. They found that 20 hours or more a week of ETS exposure at home (compared to less than 1 hour a week) was associated with a 1.29-fold and a 1.50-fold increased risk of first ischemic stroke among men and women, respectively.

In matched-case control studies (level 3b evidence) investigators retrospectively evaluate two groups—one group with disease and the other without disease—with the intent of finding risk factors or trends. Subjects are matched for age, sex, and other demographics. For example, in a Swedish nationwide study, Lagergren et al. convincingly demonstrated that people who have weekly symptoms of esophageal reflux disease were eight times more likely to have adenocarcinoma of the esophagus than matched subjects without these symptoms [10]. In other words, these investigators looked for the prevalence of reflux (predictor variable) among subjects with confirmed esophageal adenocarcinoma (cases) and compared it to the prevalence of reflux symptoms in a sample of those who did not have adenocarcinoma of the esophagus (control).

A case report that provides information on the diagnosis, intervention, and outcome for a single individual is level 4 evidence. Case series—articles written about a series of patients with a specific diagnosis—are also regarded as level 4 evidence. Both case reports and case series describe characteristics of patients with certain diseases and may help identify questions for future research. These studies are ranked lower than other designs because of associated bias, lack of random sampling, the absence of controls or a comparison group, and heterogeneity of subjects. While these studies do not meet criteria necessary for achieving higher evidence level status, they are quite common in reporting outcomes in surgical specialties. Some diseases treated by surgical intervention (or nonintervention) do not lend themselves well to the higher level study designs previously mentioned. For example, performing sham surgeries for the sake of a controlled trial is ethically unacceptable. Systematic review of case series and case reports are helpful in identifying trends that lead to positive outcomes in diseases with high morbidity or that are treated surgically.

Grading Evidence in Medical Literature

Different specialty academies and journals have historically adopted unique systems to grade medical evidence and indicate the strength of disease-specific treatment guidelines [4, 6]. Grading systems arm physicians with information to help them make consistent, well-informed decisions and limit disparities in health care. Each system has its own shortcomings. A detailed explanation of the disadvantages of each system is beyond the scope of this article. (The reader is referred to a review

paper by David Atkins et al., which appraised six prominent systems for grading levels of evidence [6]).

In 2002, the Agency for Healthcare Research and Quality (AHRQ) conducted a review of available methodologies for grading the strength of a body of scientific evidence [11]. This review identified three important characteristics to consider in assigning a grade to studies: quality, quantity, and consistency. Quality, as discussed above, refers to the methodologic rigor or extent to which bias was minimized in a study. Consistency refers to the similarities in design, population, outcome, and data analysis in studies attempting to answer the same question. Quantity refers to the number of subjects in individual studies and number of studies included in reviews. Seven systems fully addressed these key elements [11].

Grading of recommendations is useful when there is a need for a consensus guideline regarding the approach to a particular disease. Systematic reviews report the levels of evidence present in given studies and then assign grades to recommendations from these studies that reflect the strength of the intervention and likelihood of a successful outcome. The OCEBM system has grades of recommendations. Under this scheme, a grade A is a strong recommendation for or against an intervention. After critical appraisal, well-designed level 1a to 1c studies tend to result in grade A recommendations, level 2a to 3b studies result in grade B recommendations, and recommendations derived from level 4 studies are typically labelled grade C. Level 5 studies or “troubling,” “imprecise” studies at any level above 5 generate grade D recommendations (table 2). For example, recommendations from expert opinion without objective critical appraisal tend to be regarded as inconclusive and cannot be given a grade stronger than D.

Another popular grading system is the Strength of Recommendation Taxonomy (SORT) used by the journal of the American Academy of Family Physicians [4]. While the algorithms behind these systems are not identical, the outcomes are fundamentally similar. The simplified version in table 2 underrepresents the complexity of the system, and the reader is encouraged to peruse the algorithm behind these grading systems [4-6, 11].

Table 2. Similarities between the SORT and OCEBM grading systems.

Grading System		
	SORT*	OCEBM**
A	Recommendation based on consistent and good quality patient-oriented evidence	Consistent level 1 studies
B	Recommendation based on inconsistent or limited-quality patient oriented evidence	Consistent level 2 or 3 studies or extrapolations from level 1 studies
C	Recommendation based on consensus, usual practice, disease-oriented evidence, case series for studies of treatment or screening, and/or opinion	Level 4 studies or extrapolations from level 2 or 3 studies
D		Level 5 evidence or troublingly inconsistent or inconclusive studies of any level

*SORT: Strength of Recommendation Taxonomy

**OCEBM: Oxford Centre for Evidence Based Medicine

Final Comment

One must be careful not to adopt an inflexible approach of only applying recommendations of greater strength. The practice of evidence-based medicine is not “cookbook” medicine, and therefore the basis for patient care decisions should not be restricted to randomized trials or meta-analyses [1, 12]. There are uncommon diseases and complex pathologies that cannot be investigated with study designs that achieve levels of evidence higher than 3 or 4.

In returning to our case illustration, let us assume that our medical student actually has chronic rhinosinusitis with nasal polyposis. She was counseled by a previous otolaryngologist that a surgical polypectomy may be performed to achieve better control of her disease. You perform a literature search and find level 3 and 4 evidence that supports polypectomy as an option. Although the level of evidence is not any higher than 3 or 4, surgery is not necessarily an inappropriate recommendation for the patient. As discussed earlier, study design limitations are inherent to some situations and therefore the physician must make a “conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” [1].

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EXHIBIT 4

for all disclosures closer to strict scrutiny.

The Court's approach in *NIFLA*, as the dissent noted, "could radically change prior law, perhaps placing much securities law or consumer protection law at constitutional risk." Many health

 An audio interview with Prof. Parmet is available at NEJM.org

laws could be similarly threatened. Already a lower court

has preliminarily enjoined Food and Drug Administration warning labels for cigars on the basis

of *NIFLA*.⁵ Whether that injunction holds, and whether other health laws will be struck down on First Amendment grounds, remains to be seen. What is clear is that the Court has created new uncertainty, and invited new litigation, regarding numerous health laws that were once assumed to be constitutional.

Disclosure forms provided by the authors are available at NEJM.org.

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This article was published on August 29, 2018, at NEJM.org.

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DOI: 10.1056/NEJMp1809488

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Abortion "Reversal" — Legislating without Evidence

Daniel Grossman, M.D., and Kari White, Ph.D., M.P.H.

Women up to 10 weeks pregnant who are having a medication abortion generally take one dose of mifepristone, which blocks the progesterone receptor, followed within 48 hours by a dose of misoprostol, a prostaglandin that causes cervical dilation and uterine contractions, leading to expulsion of the pregnancy tissue. Four states (Arkansas, Idaho, South Dakota, and Utah) require abortion providers to tell their patients about treatment that may reverse the effect of mifepristone if they change their mind after starting a medication abortion. So-called abortion reversal involves administering repeated doses of progesterone. Since 2017, other states have proposed similar bills and the California Board of Registered Nursing approved a course on medication-abortion reversal for continuing-education credit. This trend is troubling because of the lack of medical evidence demonstrating the safety and efficacy of the treatment; laws promoting it essentially encourage women to participate in an unmonitored research experiment.

When states began passing

laws on abortion reversal, the only published report on this treatment was a case series involving seven patients. A systematic review we coauthored in 2015 found no evidence that pregnancy continuation was more likely after treatment with progesterone as compared with expectant management among women who had taken mifepristone.¹ Our review found that the proportion of continuing pregnancies after mifepristone alone varied from 8% to 46% in published studies.

Recently, Delgado et al. published a case series involving 754 patients who underwent reversal treatment in the United States and several unnamed countries.² After excluding 27% of patients for various reasons, they report that 47% had a live birth. The authors conclude that reversal treatment is effective, citing the higher proportion of continuing pregnancies in their study as compared with a historical control rate of 25% of women who had continuing pregnancies after taking mifepristone alone. This estimate comes from Maria et al., the only published report that examined

rates of pregnancy continuation after a single 200-mg dose of mifepristone,³ which is the dose most commonly used in current medication-abortion regimens. This study, which included 30 women who were up to 7 weeks pregnant, 25 of whom were no more than 6 weeks pregnant, found that 23% had continuing pregnancies 7 days later.

It is difficult to compare the results from Delgado et al. with data on mifepristone alone for several reasons. In the Delgado study, some providers performed ultrasonography in patients presenting for reversal and excluded those found to have embryonic death. These patients were removed from the denominator of the proportion of women with continuing pregnancies, which could have contributed to the higher success rate for reversal treatment — especially at gestational ages of more than 6 weeks, when cardiac activity is more apparent. In addition, the authors excluded patients who were lost to follow-up before 20 weeks, which probably exaggerated the treatment's reported success.

Percentage of Women with Continuing Pregnancies after Taking 200 mg Mifepristone with or without Progesterone.*				
Treatment	Total No. of Pregnancies	Continuing Pregnancies	Percentage of Continuing Pregnancies (95% CI)	P Value
Gestational age ≤6 wk				
Mifepristone followed by progesterone	189	71	38 (31–45)	0.119
Mifepristone alone	25	5	20 (9–39)	
Gestational age ≤7 wk				
Mifepristone followed by progesterone	291	121	42 (36–47)	0.076
Mifepristone alone	30	7	23 (21–41)	

* Data are from Delgado et al.² and Maria et al.³ Maria et al. report a total of seven continuing pregnancies in the sample of 30 women who were 7 weeks pregnant or less. There were two abortion failures among the five women who were between 6 and 7 weeks pregnant, but whether these were continuing pregnancies is unclear. We therefore made the conservative assumption that five of the seven continuing pregnancies occurred among the 25 women who received mifepristone at 6 weeks' gestation or less and that the two failures that occurred among those who were between 6 and 7 weeks pregnant were both continuing pregnancies.

Gestational ages in Delgado et al. (up to 9 weeks) also differed from those in Maria et al. As Delgado et al. note, pregnancy continuation is more common with advanced gestation; therefore, it is important to compare groups of similar gestational age. We analyzed the effectiveness of reversal treatment by comparing rates of continuing pregnancy among women who were up to 6 or 7 weeks pregnant in the two studies.

Among women who were up to 6 weeks pregnant, 38% (95% confidence interval [CI], 31 to 45) of those who received reversal therapy had a continuing pregnancy.² This proportion was not significantly different from the 20% (95% CI, 9 to 39) of women who had a continuing pregnancy after taking mifepristone alone ($P=0.119$) (see table).³ The rates of pregnancy continuation were also not significantly different when we included women who were up to 7 weeks pregnant, despite the fact that the reported success rate for reversal therapy was most likely an overestimate at 7 weeks because some patients were excluded from treatment after ultrasound screening for embryonic viability. Because there are

no published data on rates of pregnancy continuation after a 200-mg dose of mifepristone alone at more than 7 weeks' gestation, we cannot evaluate the effectiveness of reversal treatment beyond this gestational age.

The safety data presented by Delgado et al. are minimal. No adverse events were reported among pregnant women, but it is unclear whether such data were routinely collected. The reported data on birth defects and preterm birth are generally reassuring; given the range of progesterone regimens used and the lack of reporting by regimen, however, it is difficult to draw conclusions about the treatment's safety. Data from a registry in France suggest that exposure to mifepristone alone does not increase the risk of birth defects.⁴

Equally unclear is the demand for reversal treatment. Since participants in the study by Delgado et al. were recruited from several unnamed countries over a period of 4 years, it is impossible to estimate what proportion of patients undergoing medication abortion is represented by this sample. According to data obtained from Danco Laboratories, the U.S. manufacturer of mifepristone, less than 0.004% of patients who took mife-

pristone between 2000 and 2012 ended up deciding to continue their pregnancies.¹ Other research indicates that decisional certainty among women having an abortion is high — and higher than it is among patients making other decisions about medical treatment.⁵

Still, efforts should be made at the time of preabortion counseling to identify women who may be conflicted and to provide additional support to help them make an informed decision. Allowing patients to take mifepristone at home, which has been permitted since the drug's label was updated in 2016, may reduce the already small number of women who change their mind by giving patients more control over where and when they take the medication. But for patients who do change their mind after taking mifepristone, what is the best course of action? If a woman changes her mind within an hour after taking the drug, vomiting should be induced. Beyond that time frame, we believe the pregnancy should be carefully followed.

One could argue that the demand for abortion reversal treatment is so low that additional research is not justified. But if

researchers do perform additional studies, it is critical that such studies be rigorously designed and conducted in an ethical manner. Clinical equipoise exists for this question, since there is no evidence that treatment is superior to doing nothing. In such cases, a randomized, placebo-controlled trial is the most appropriate study design. For now, any use of reversal treatment should be considered experimental and offered only in the context of clinical research supervised by an institutional review board (IRB). Delgado et al. obtained IRB approval for their retrospective data analysis, but it is not clear that approval was obtained in advance for their experimental treatment protocol. In fact, the study was retracted temporarily because of

concerns raised about what the authors initially described as an IRB "waiver."

We believe that states' mandating that health care providers give patients information about an unproven and experimental therapy is a disturbing intrusion into the relationship between physicians and their patients. Additional states will undoubtedly consider such legislation, despite the lack of evidence for abortion reversal treatment. We should all be concerned when politicians recommend treatment options over the advice of medical professionals.

Disclosure forms provided by the authors are available at NEJM.org.

From Advancing New Standards in Reproductive Health, Bixby Center for Global Reproductive Health, and the Department of Obstetrics, Gynecology and Reproductive

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DOI: 10.1056/NEJMp1805927

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Extensively Drug-Resistant Typhoid — Are Conjugate Vaccines Arriving Just in Time?

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In Hyderabad, Pakistan, an outbreak of extensively drug-resistant (XDR) *Salmonella enterica* ssp. *enterica* serovar Typhi, resistant to chloramphenicol, ampicillin, trimethoprim-sulfamethoxazole, fluoroquinolones, and third-generation cephalosporins, was recognized in November 2016 and has now spread to Karachi, home to more than 14 million people. More than 1000 cases have been confirmed by blood culture; since most typhoid cases are treated empirically, however, the true number of cases is probably many times greater. The outbreak is being caused by the H58 clade, a multidrug-resistant haplotype of *S. Typhi* that is common in Asia and areas of Africa. The H58 *S. Typhi* involved in the outbreak contains a chromosomally inte-

grated antimicrobial-resistance cassette imparting resistance to chloramphenicol, ampicillin, and trimethoprim-sulfamethoxazole, and the XDR variant also contains an IncY plasmid that carries not only the fluoroquinolone-resistance gene *qnrS* but also the CTX-M-15 gene *bla* that mediates resistance to ceftriaxone.¹ *S. Typhi* already causes invasive disease in 12 million to 22 million people each year, many of whom live in South and Southeast Asia, and the emergence of an XDR variant in this densely populated area is extremely worrisome.²

Prior to the advent of antimicrobial therapy, case fatality rates for typhoid fever exceeded 20% in many areas, since untreated disease led to complications such as intestinal perforation. In 1948, the

first effective antimicrobial therapy for typhoid salmonella, chloramphenicol, ushered in a new era in the management of enteric fever (see timeline). Within 2 years, however, the first clinical isolate resistant to chloramphenicol was reported. But resistance was relatively uncommon, and chloramphenicol remained the mainstay of therapy for the next two decades. In the early 1970s, outbreaks of chloramphenicol-resistant typhoid with evidence of horizontal transfer of resistance genes were reported around the world. Ampicillin and trimethoprim-sulfamethoxazole emerged as alternative, albeit possibly inferior, therapies for chloramphenicol-resistant enteric fever. By the late 1980s, resistance to all three antibiotics (multidrug-resistant typhoid) was increasingly

EXHIBIT 5



Advocacy

Facts Are Important: Medication Abortion "Reversal" Is Not Supported by Science

Facts are important, especially when it comes to policies and discussions that impact patients. Claims regarding abortion “reversal” treatment are not based on science and do not meet clinical standards. The American College of Obstetricians and Gynecologists (ACOG) ranks its recommendations on the strength of the evidenceⁱ and does not support prescribing progesterone to stop a medication abortion.

• AGO – Connolly – 026

Exhibit - 5

Despite this, in states across the country, politicians are advancing legislation to require physicians to recite a script that a medication abortion can be “reversed” with doses of progesterone, to cause confusion and perpetuate stigma, and to steer women to this unproven medical approach. Unfounded legislative mandates like this one represent dangerous political interference and compromise patient care and safety.

What is Medication Abortion?

- Medication abortion is the use of medications, rather than a procedure, to end a pregnancy. This safe and effective evidence-based regimen includes a combination of two drugs—mifepristone, taken first, and misoprostol, taken at a later point under counsel from a clinician.
- Mifepristone stops the pregnancy growth by blocking the hormone progesterone; misoprostol makes the uterus contract to complete the abortion.
- Medication abortion is more effective when both drugs are used, because mifepristone alone will not always cause abortion. In fact, as many as half of women who take only mifepristone continue their pregnancies.ⁱⁱ
- Mifepristone and misoprostol are safe, effective medications that are also used for other indications.

So-called abortion “reversal” procedures are unproven and unethical.

- A 2012 case series reported on six women who took mifepristone and were then administered varying progesterone doses. Four continued their pregnancies.ⁱⁱⁱ This is not scientific evidence that progesterone resulted in the continuation of those pregnancies.

• AGO – Connolly – 027

Exhibit - 5

- This study was not supervised by an institutional review board (IRB) or an ethical review committee, required to protect human research subjects, raising serious questions regarding the ethics and scientific validity of the results.
- Case series with no control groups are among the weakest forms of medical evidence.^{iv}
- Subsequent case series used to support use of medication abortion reversal have had similar limitations, including no ethics approval, no control group, under-reporting of data, and no reported safety outcomes.
- A 2020 study intending to evaluate medication abortion reversal in a controlled, IRB-approved setting was ended early due to safety concerns among the participants.^v
- A 2016 randomized trial found that administration of the progestin-only contraceptive depot medroxyprogesterone acetate (DMPA, also known as DepoProvera) at the time of mifepristone administration for medication abortion may slightly increase the risk of ongoing pregnancy compared with DMPA administration at a follow-up visit.^{vi} However, ongoing pregnancy rates were very low among all participants. Although the study's findings suggest that concurrent administration of DMPA may slightly decrease the effectiveness of mifepristone for medication abortion, the results do not demonstrate that DMPA "reverses" medication abortion.

Legislative mandates based on unproven, unethical research are dangerous to women's health.

Politicians should never mandate treatments or require that physicians tell patients inaccurate information. This is an interference in the patient-clinical relationship and contradicts a fundamental principle of medical ethics.

• AGO – Connolly – 028

Exhibit - 5

Abortion is an essential part of comprehensive medical care, and a patient's decision to end a pregnancy following appropriate consultation with their trusted medical professional should be treated with respect.

Additional ACOG Resources

ACOG Practice Bulletin 225 Medication Abortion Up to 70 Days of Gestation (October 2020)

ACOG Committee Opinion 815 Increasing Access to Abortion (December 2020)

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5. Mitchell D. Creinin, M.D., "Mifepristone Antagonization With Progesterone to Prevent Medical Abortion," *Obstetrics & Gynecology* vol. 135, 158-165 (Jan. 2020) available

ACOG - Connolly - 029

Exhibit - 5

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American College of Obstetricians and Gynecologists
409 12th Street SW, Washington, DC 20024-2188

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EXHIBIT 6



SOGC statement on Abortion Medication “Reversal”

Ottawa, March 19, 2021 – In response to an investigative media article about an abortion “reversal” treatment advertised in Canada, the Society of Obstetricians and Gynecologists of Canada (SOGC) released the following statement:

The SOGC does not support prescribing progesterone to stop a medical abortion. The claims regarding so-called abortion “reversal” treatments are not based on scientific evidence.

Not only are the treatments unproven, they can also result in serious complications for the patient.

The Canadian protocol for medical abortion includes counselling to identify those who may be ambivalent about the decision, and to ensure that their decision is made freely, informed and with no coercion.

If a patient changes their mind after taking the first tablet, they should contact their care provider.

The SOGC fully respects the reproductive and sexual health rights of women, and that every individual is entitled to evidence based treatment, free of coercion by any external body.

EXHIBIT 7



Royal College of
Obstetricians &
Gynaecologists



Royal College
of Midwives



Joint statement on ‘Abortion reversal’: The Royal College of Obstetricians and Gynaecologists (RCOG), The Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Midwives (RCM) and the British Society of Abortion Care Providers (BSACP)

Key points and recommendations

- There are **no reputable national or international clinical guidelines that recommend the use of progesterone to reverse the effect of mifepristone**, and no evidence that it increases the likelihood of continuing pregnancy, compared to expectant management alone.
- Although evidence shows it is uncommon for women to regret their decision to have an abortion, on the very rare occasions where they do change their mind after receiving mifepristone, they should be supported and offered non-directive, neutral counselling with the benefits and risks of each of their options discussed. This should usually be through the abortion care provider, or an obstetrics and gynaecology (O&G) service.
- **Where a woman or person chooses to continue with the pregnancy after having taken mifepristone, best practice is to:**
 - Offer an ultrasound scan to establish if the pregnancy has continued
 - Advise that if it is viable, there is a reasonable chance that the pregnancy will continue (this is more likely later on in a pregnancy).
 - Advise of an increased risk of pregnancy loss later in the pregnancy, possibly with some increased risk of severe bleeding.
 - Advise that mifepristone is not known to cause birth anomalies.
 - Not offer treatment with progesterone.
 - Provide reassurance that women will be given support to understand their options, including access to counselling if desired.
 - Provide assurance that the option of returning for abortion of this pregnancy remains open (and noting the latest date where pregnancy duration reaches the legal limit for the option of abortion).
 - Refer on for antenatal care at an appropriate point in pregnancy.

Background

A medical abortion uses medication to end a pregnancy. It involves taking two different medications one after the other. Mifepristone (taken first) has the effect of priming the uterus to make the second medicine quicker and more effective. Misoprostol (usually taken 24-48 hours later) causes the uterus to contract and the pregnancy tissue to pass, similar to a miscarriage. So-called abortion ‘reversal’ treatment involves prescribing doses of progesterone after a woman has taken the first medication (mifepristone) with the objective of reversing the effect.

The promotion of abortion ‘reversal’ has been observed for several years in the United States where in some States politicians are advancing legislation to require physicians to recite incorrect advice that states abortion can be ‘reversed’ with doses of progesterone. **The**

American College of Obstetricians and Gynecology (ACOG) does not support the use of progesterone, citing its use for this purpose as “unproven and unethical”, and we strongly agree with this position.

We have observed an increase in discussions of abortion ‘reversal’ in the UK Parliament and media in recent months. This follows reports, dating from early 2021, from doctors and nurses working in abortion care who raised concerned reports that women and people were being offered abortion ‘reversal’ treatment. Investigative journalists have corroborated these accountsⁱ.

Evidence for the use of progesterone for abortion ‘reversal’

There are no reputable national or international clinical guidelines that recommend the use of progesterone to reverse the effect of mifepristone, and no evidence that it increases the likelihood of continuing pregnancy, compared to expectant management aloneⁱⁱ. One European study showed that 82% of those who opted to continue with their pregnancy having taken only mifepristone (not progesterone) at a mean gestation of nine weeks proceeded to have a live birth, using a higher dose of mifepristone than is currently recommendedⁱⁱⁱ.

A randomised controlled trial to assess the effectiveness of progesterone treatment in reversing the effects of mifepristone was published in 2020^{iv}. The trial was stopped prematurely, owing to safety concerns when three of the 12 patients experienced “severe bleeding requiring ambulance transport to an emergency department”. The author of the study concluded that abortion ‘reversal’ treatment with progesterone is “experimental and should be offered only in approved human clinical trials to ensure proper oversight”. **Aside from this abandoned study, we do not recognise the legitimacy of any other studies used to evidence the safety or efficacy of progesterone as an abortion ‘reversal’ treatment because they do not follow the usual standards of reporting and study design for observational trials, and are not published in reputable peer-reviewed journals^v.**

Good practice guidelines for prescribing and managing medicines and medical devices^{vi} produced by the General Medical Council (GMC) state that when prescribing any “unlicensed medicine”, a doctor must be satisfied that there is sufficient evidence or experience of using the medicine to demonstrate its safety and efficacy. **We strongly believe that this is fundamentally not the case for prescribing progesterone off label in these circumstances.**

Understanding the need for abortion ‘reversal’

It is essential to ensure that discussion around the use of progesterone as a treatment to reverse the effect of mifepristone is put into the context of women’s experiences of abortion care in the UK. The overwhelming majority of women and people requesting an abortion are clear about their decision, and want treatment as soon as possible.

There is strong evidence that, for most women, introducing delay causes distress and the NICE 2019 guideline on abortion care states that providers should ensure minimal delay in the abortion process. It also does not require women to have “compulsory counselling or a compulsory time for reflection before the abortion” – recommending that women should be provided or referred for support to make a decision if they request this^{vii}.

Research states there is no evidence of emerging regret after an abortion, with 97.5% of women believing that their decision was the right one after 8 days, increasing to 99% after

five years. There is evidence of an increase in decision certainty after proceeding with an abortion^{viii}.

On very rare occasions, some women may regret their decision, or change their mind during the treatment process. When this is the case, **women can be supported to come to the right decision for their individual circumstances. It is important they are offered non-directive, neutral counselling that provides the benefits and risks of each of their options.**

The ACOG guidelines on medical abortion state that “in the very rare case that patients change their mind about having an abortion after taking mifepristone and want to continue the pregnancy, they should be monitored expectantly”^{ix}. There is no evidence to show that use of progesterone in this scenario would increase the chance of a pregnancy continuing as compared to monitoring a pregnancy following the use of mifepristone. The British Society of Abortion Care Providers (BSACP) recommend to its members that if this scenario arises they should offer an ultrasound scan to establish whether there is still a pregnancy, provide evidence-based advice on the future of the pregnancy, and if a woman or person decides to continue with the pregnancy, to liaise with antenatal services.

Provision of evidence-based information and support

Internationally and nationally recognised guidelines on abortion care are clear about the importance of providing evidence-based and non-biased information to support women to make informed decisions around pregnancy choices. The World Health Organisation (WHO) is clear that access to relevant, accurate and evidence-based health information is an “essential first step in improving access to and quality of abortion care”^x. RCOG clinical guidelines on abortion state that written, objective, evidence-guided information should be available for women considering abortion before the procedure, and that women should have access to objective information^{xi}. Evidence-based guidelines are also clear that for women and people who request it, non-directive counselling should be made available.

There is a real risk that outside of the confines of regulated abortion care, where guidelines and training are very clear about the need for neutral and evidence-based advice, those offering advice and treatments around abortion or abortion ‘reversal’ might not be prepared to offer objective advice that enables women to make an informed choice free from bias or coercion. Abortion providers are experienced at safeguarding vulnerable women and girls, and work within multidisciplinary teams to ensure they are protected. The healthcare regulator, the Care Quality Commission (CQC), ensures that providers comply with their fundamental standards. Individuals who prescribe abortion ‘reversal’ act outside regulated care systems and are unlikely to have the same skills or resources. **Healthcare professionals working in abortion care are experts in the provision of evidence-based information and non-directive counselling, and should be relied upon to ensure that women are able to make informed decisions regarding abortion.**

ⁱ Open Democracy. [UK women are being 'used as guinea pigs' by 'abortion reversal' doctors](#) (2021)

-
- ii American College of Obstetricians and Gynecologists (ACOG). [Medication Abortion Up to 70 Days of Gestation: ACOG Practice Bulletin, Number 225](#) (2020)
 - iii Bernard N et al, BJOG. [Continuation of pregnancy after first-trimester exposure to mifepristone: an observational prospective study](#). (2013)
 - iv Creinin MD, et al, Obstetrics & Gynecology. [Mifepristone Antagonization With Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial](#). (2020)
 - v Bhatti K et al, AJOG. [Medical abortion reversal: science and politics meet](#) (2018)
 - vi GMC. [Good practice in prescribing and managing medicines and devices](#) (2021)
 - vii National Institute for Health and Care Excellence. [Abortion Care \[NG140\]](#) (2019)
 - viii Lovel I et al, Obstetrics & Gynaecology. [Abortion Waiting Periods and Decision Certainty Among People Searching Online for Abortion Care](#) (2021)
 - ix ACOG. [Clinical Guideline: Medication Abortion up to 70 days](#) (2014)
 - x WHO. [Abortion care guideline](#) (2022)
 - xi RCOG. [The Care of Women Requesting Induced Abortion](#) (2011)

EXHIBIT 8



En Español

Get Help Now: 1-877-558-0333



Abortion Pill Reversal

Have you taken the first dose of the abortion pill?
Do you regret your decision and wish you could
reverse the effects of the abortion pill?
We're here for you!

I want to

Reverse my Abortion*

I'm considering

the Abortion Pill

• AGO – Connolly – 039

Chat

Exhibit - 8

CALL OUR 24/7 HELPLINE: **1-877-558-0333**

We know that an unplanned pregnancy can be scary and many women make decisions to abort when they are terrified and stressed. We know that after some time, many women change their minds about a chemical abortion.

IT MAY NOT BE TOO LATE TO SAVE YOUR PREGNANCY.

There is an effective process called Abortion Pill Reversal that gives your unborn child a second chance at life.*

We are eager to connect with you and available any time, day or night! We can offer help, but most importantly, **hope**.

Our helpline will connect you with one of our medical professionals nearby who can guide you towards reversing the effects of the abortion pill. We will help you every step of the way. Time is precious, and so is your baby — call us today.

Chat

Success Story

"After I took the abortion pill, I began to think about how this world is only for a short while, but my choice to abort this baby would be eternal. It was crystal clear to me that I made a huge mistake. I popped out of bed, went downstairs, and began to search on Google. I clicked on 'abortion reversal.' I called the hotline provided on the website and asked, 'Is it true that the abortion pill can be reversed?' The hotline nurse answered, 'Yes.'"

Read More

Contact Us:

24/7 Helpline:
877-558-0333

• AGO – Connolly – 041

Chat

Exhibit - 8

Non-Urgent Inquiries:
614-885-7577

Chat

info@apr.life

Need More Info?

POST-ABORTION RESOURCES

SHARE MY STORY

Follow Us:



Disclaimer: ** APR has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

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Chat

Exhibit - 8

EXHIBIT 9



En Español

Get Help Now: 1-877-558-0333



Can the abortion pill be reversed?

The simple answer is yes! If done in time.

There is an effective process called abortion pill reversal* that can reverse the effects of the abortion pill and allow you to continue your pregnancy, but time is of the essence.

The abortion pill is the common name for a chemical abortion process that combines two medications. It is also referred to as medical abortion, self-managed abortion, or DIY abortion. After taking the first pill, some women regret their choice and want to reverse it. That's where abortion pill reversal comes in.

AGO – Connolly – 045

Chat

Exhibit - 9

Using the natural hormone progesterone, healthcare professionals have been able to save 64-68% of pregnancies through abortion pill reversal.



How do I start the abortion pill reversal process?

- Call our hotline **(877) 558-0333** or **connect with us via the chat feature at the bottom of your screen.**
- Our on-call Healthcare Professional will ask you some basic questions to see if a reversal is possible.
- The Healthcare Professional will then connect you with a doctor or medical provider in your area to start treatment if that is your choice.

We know that an unplanned pregnancy can be scary and many women make decisions to abort when they are terrified and stressed. However, we know that many women change their minds about their abortions.

If you have taken the first dose of the abortion pill and regret it, you are not alone. We can help you! Contact us and we'll help you every step of the way.

For more information about the reversal process, **click here.**

• AGO – Connolly – 046

Chat

Exhibit - 9

Chat

Keep Reading
**Success
Stories**

Keep Reading
**Abortion Pill
Reversal FAQs**



• AGO – Connolly – 047

Chat

Exhibit - 9



Chat

Contact Us:

24/7 Helpline:
877-558-0333

Non-Urgent Inquiries:
614-885-7577

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Need More Info?

POST-ABORTION RESOURCES

SHARE MY STORY

Follow Us:



Disclaimer: ** APR has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

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Exhibit - 9

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Exhibit - 9

EXHIBIT 10



Abortion Pill Side Effects: What You Should Know Before Deciding

Share this Article:



Jul 16, 2019

It can be very confusing to sort through all the facets of an [unplanned pregnancy and what to do next](#). According to the Centers for Disease Control and Prevention (CDC), [51 percent of all pregnancies are unintended](#) [1], so many women are wrestling with pregnancy decisions. No matter what you end up deciding, it's a difficult choice to make.

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Exhibit - 10



You may be thinking about the abortion pill as one of your options. Here we will common answer questions about it as well as the accompanying side effects.

What is the Abortion Pill?

If you have weighed all your pregnancy options and have made an informed decision to [end your pregnancy through abortion](#), you may be given a choice to have a medical abortion. The abortion pill is used to induce a medical abortion if the first day of your last period was less than 70 days earlier. If more than ten weeks have passed since the first day of your last period, you will probably need a surgical abortion, a surgical procedure performed in a clinic or hospital.

How Does the Abortion Pill Work?

Although it's called the [abortion pill](#) [2], it actually requires two different medications be taken to end a confirmed pregnancy. Before giving you the abortion pill, it's essential that a licensed healthcare provider does the following:

- Provides you information about all your pregnancy options so you can feel confident about your decision
- Discusses your health history with you and reviews medications you're taking

• AGO – Connolly – 052

Exhibit - 10



- Gives you a pregnancy test to confirm you're pregnant
- Performs a blood test for Rh factor to prevent potential future pregnancy complications
- Performs an ultrasound to see how far along you are and verify that you have a viable pregnancy
- Provides sexually transmitted infection (STI) testing to prevent complications
- Fully informs you about the abortion pill, including how it works, what to expect, side effects, risks, follow-up, and when to contact the doctor.

Once you have decided on a medical abortion, do not move forward without a healthcare provider examining you and completing the steps above. Be sure you have a viable pregnancy before taking the abortion pill.

You will usually take the first medication (mifepristone) at a clinic or doctor's office. Mifepristone prevents the embryo from staying implanted in the uterus by blocking the hormone progesterone. The second medication (misoprostol) is typically taken at home 6-48 hours later and causes heavy cramping, which expels the gestational sac or embryo. After taking misoprostol, the embryo is usually expelled about 4-6 hours later, but it can take as long as one to two days.

Abortion Pill Side Effects

At first glance, it might seem pretty simple to have an abortion by taking medication. But there are physical and emotional side effects that are crucial for you to consider. Let's start with discussing [physical abortion pill side effects](https://www.unplannedparenthood.org/abortion-pill-side-effects) [3].

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Exhibit - 10



Physical abortion pill side effects: Physicians typically provide nausea and pain medication to help with discomfort; however, women experience the following during a medical abortion:

- Nausea and vomiting
- Diarrhea
- Severe cramping
- Passing clots as large as a lemon
- Low-grade fever and chills
- Headache
- Dizziness and weakness

In addition to side effects, there are also [abortion pill risks](#) [4] that require immediate medical attention to consider, including:

- Severe bleeding, which is heavy bleeding for more than 12 hours in a row, soaking more than two sanitary pads in an hour for two hours in a row, or passing golf-ball sized clots for more than two hours
- A fever of 100.4 degrees or higher
- Vomiting for more than 4-6 hours
- Sudden swelling of your belly
- Heart racing

• AGO – Connolly – 054

Exhibit - 10



- Severe abdominal or back pain not relieved by pain relievers or rest

- Profuse or foul-smelling vaginal discharge

Don't hesitate to reach out to your healthcare provider if you have other symptoms you're concerned about or sense something is wrong. Other physical complications can occur, such as a failed abortion requiring a surgical abortion or retained tissue in the uterus requiring treatment.

Sometimes, there are other side effects that can affect a woman after the physical discomfort has subsided. Let's look at those next.

Emotional and psychological abortion pill side effects: Many women feel an initial sense of relief after an abortion. But sometimes, difficult [emotional side effects](#) [5] set in later. These can include regret, guilt, grief, humiliation, and second-guessing their choices.

Women who have the most emotional and psychological difficulty after taking the abortion pill are:

- Women who felt pressured or forced into the abortion decision
- Women who are blamed and/or shamed for their abortion decision

If you are struggling emotionally after an abortion, you are not alone. We offer emotional support and [healing support groups](#) to help you recover after an abortion.

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Exhibit - 10



What Happens if I Take the Abortion Pill but Change My Mind?

If you take the first medication and regret it, help is available to you. Know that you aren't alone. Enough women have changed their minds after taking the abortion pill that professional healthcare providers developed and operate a program called [Abortion Pill Rescue](#) (APR) for women who take the abortion pill but decide to continue their pregnancies after all – regardless if they're going to parent or choose adoption.

The abortion pill reversal process consists of taking the progesterone hormone that was blocked by mifepristone, but time is of the essence. Ideally the reversal protocol would be started within 24 hours.

If you changed your mind and have only taken the first set of pills, do not take the second medication and call APR at (877) 558-0333 so they can help you.

Get the Information and Support You Deserve

• AGO – Connolly – 056

Exhibit - 10



At [Pregnancy Care Clinic](#), we are here to walk with you each step of the way in a caring and judgment-free environment. [Make an appointment](#) today to receive the caring support you deserve so you'll be equipped with unbiased information to make confident decisions about your pregnancy.

Pregnancy Care Clinic offers confidential pregnancy testing, ultrasounds, and other resources at no cost to you. Our licensed medical professionals and compassionate client advocates provide these [services and education](#), so you are empowered to make the best decision for yourself.

[1] Centers for Disease Control and Prevention. (2019, September 12). *Unintended Pregnancy*. Retrieved January 21, 2021 from <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>

[2] Gotter, Ana. (2016, August 30). *Abortion pill: What is a medical abortion?* Retrieved July 3, 2019, from <https://www.healthline.com/health/abortion-pill>

[3] Mayo Clinic. (n.d.). *Medical abortion*. Retrieved July 2, 2019, from <https://www.mayoclinic.org/tests-procedures/medical-abortion/about/pac-20394687>

[4] The University of Michigan Health. (2019, May 29). *Medical Abortion Care*. Retrieved January 21, 2021, from <https://www.uofmhealth.org/health-library/tw5273#:~:text=Call%20your%20doctor%20immediately%20if,from%20a%20normal%20menstrual%20period.>

[5] N., Pam. (2016, January 9). *The emotional side effects of abortion*. Retrieved July 2, 2019 from <https://psychologydictionary.org/article/the-emotional-side-effects-of-abortion/>

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Exhibit - 10



[Newer Post >](#)

What is Opill (Norgestrel Tablet)?

04 Oct, 2024

Discover what Opill (Norgestrel tablet) is and how it works as a progestin-only birth control option.

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03 Oct, 2024

Learn what prenatal vitamins are and why they are important for a healthy pregnancy. Discover the essential

5 Ways to Support Your Pregnant Daughter

28 Aug, 2024

As parents, you naturally want the best for your daughter. Then, one day, she tells you that she's pregnant. The

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Exhibit - 10



Learn about its effectiveness and

nutrients they provide for both

news feels like a bombshell because

Pregnancy

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Pregnancy

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Our Services

- Free Urine Pregnancy Testing
- Ultrasound Exams
- STI Testing
- Health Provider Consultation
- Medical Referrals
- Natural Family Planning Information
- Peer Counseling & Education
- Emotional Support
- Maternity Clothes
- Support Classes

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Support Clinic

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Exhibit - 10

EXHIBIT 11



Services and Appointments

For Supporters

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Baby Bottle Campaigns

Florence Elizabeth Legacy Fund



Request Your Appointment Online

Our online form is for pregnancy tests only. Call **916.880.4040** for all other services
and we will get you scheduled!

• AGO – Connolly – 062

Exhibit - 11



Services and Appointments

For Supporters

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Wednesday, October 30th, 2024

🕒 9:00 AM



🕒 10:00 AM



Thursday, October 31st, 2024

🕒 9:00 AM



🕒 10:00 AM



🕒 11:00 AM



🕒 1:00 PM



🕒 2:00 PM



🕒 3:00 PM



Friday, November 1st, 2024

🕒 9:00 AM



🕒 10:00 AM



🕒 11:00 AM



• AGO – Connolly – 063 ^

Exhibit - 11



Services and Appointments

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OUR FREE MEDICAL SERVICES

pregnancy tests

ultrasounds

abortion pill reversal

STD testing and treatment

prenatal care

gynecological care

• AGO – Connolly – 064 ^

Exhibit - 11



Services and Appointments

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pap smears

breast exams

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contraception education

parenting classes

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lactation consulting

Call us at **916.880.4040** to schedule your appointment

this facility does not provide or refer for abortion



Services and Appointments

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women with free medical care CA, 95826
and alternatives to abortion
while proclaiming the hope of
the Gospel.

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Tuesdays – 9am-7pm

Email – info@alternativespc.org

*We are closed for lunch from
12 PM – 1 PM. Appointments
are recommended. Medical
interpreters available by
request.*

© 2024 Alternatives Pregnancy Center | Women's Health Clinic
| Sacramento, CA.

EXHIBIT 12



Abortion Pill Rescue
APR Healthcare Professional Kit

Version 4
Effective May 2022

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Definitions

- 1. Chemical Abortion (aka medical or medication abortion)** – A two-step process in which a pregnant woman ingests first mifepristone then misoprostol with the intention of ending her pregnancy.
- 2. Mifepristone (aka Mifeprex or RU-486)** – A progesterone receptor antagonist that blocks progesterone. The first step in a Chemical Abortion process.
- 3. Misoprostol (aka Cytotec)** – A chemical which causes the uterus to contract, facilitating the emptying of the uterus. The second step in the Chemical Abortion process, it is usually ingested 24-48 hours after mifepristone.
- 4. Progesterone** – A hormone necessary for implantation of the fertilized egg in the uterus and for sustaining pregnancy. Progesterone is approved by the FDA and used off-label in the APR Protocol.
- 5. Methotrexate** – A chemical primarily used to treat cancer, psoriasis, and rheumatoid arthritis because it attacks rapidly growing cells. Used in the first step of a chemical abortion, it causes the fetus and placenta to separate from the lining of the uterus. Using Methotrexate as an abortion medication is not approved by the FDA.
- 6. Ella** – A progesterone receptor modulator, it is promoted to be effective for up to 5 days after sexual intercourse to prevent pregnancy. It disables the uterine lining, compromising the endometrium and inhibiting implantation of the embryo or depriving the embryo of oxygen and nutrients as an abortifacient action.
- 7. Abortion Pill Rescue (“APR”)** – A program of Heartbeat International which includes: Contact, Consultation, Counseling, Prescribing, Administering, and Data Collection with women seeking to reverse their Chemical Abortion.
- 8. Abortion Pill Reversal Protocol (“APR Protocol”)** – The use of Progesterone to counteract the effects of Mifepristone. The APR Protocol is most successful when the woman begins the APR Protocol within 24-72 hours of ingesting mifepristone. An ultrasound is performed as soon as possible to confirm a viable intrauterine pregnancy.
- 9. APR Network** – The entities and individuals involved in administering and/or facilitating the administration of APR Protocol. The APR Network includes Heartbeat’s Option Line, APR PRCs, APR PMCs, APR Medical Practices, and individuals trained in the APR Protocol.
- 10. Option Line** – A 24/7 life-affirming contact center that receives initial contacts from potential APR Clients. A program of Heartbeat International.
- 11. Hotline Consultant** – A volunteer or contracted individual tasked with responding to telephone and electronic communication primarily from women who are

seeking reversal after the initiation of a chemical abortion. The role of the consultant is to assess the immediate need of the contact, provide information, answer questions as appropriate, and connect callers with life affirming medical providers who offer the APR protocol.

12. Rescue Hotline Team – Consists of Option Line and the Hotline Consultants who receive Contact and provide Consultation with potential APR Clients.

13. APR Healthcare Professional – A doctor, nurse or other licensed healthcare professional, who is trained in the APR Protocol. These professionals Counsel and may be involved with Prescribing, Administering, and Following Up with APR Clients.

14. APR Pregnancy Resource Centers (“PRCs”) – Life-affirming pregnancy centers that are a part of the APR Network and provide Consultation with APR Clients regarding the APR Protocol. APR PRCs may offer continued support and resources, consistent with their typical operations, for APR Clients.

15. APR Medical Clinics (“PMCs”) – Life-affirming pregnancy medical clinics that are a part of the APR Network and provide Consultation, Counseling, and Prescribing of the APR Protocol. APR PMCs may also Administer and Follow Up with APR Clients.

16. APR Medical Practice – A private medical practice which provides the APR Protocol and either offers APR Clients continuing prenatal care or arranges for APR Clients to receiving ongoing prenatal care.

17. APR Client/Patient – A pregnant or potentially pregnant woman who has begun a Chemical Abortion or taken Methotrexate and now wishes to continue her pregnancy by following the APR Protocol.

18. Contact – The initial communication between a woman seeking the APR Protocol and any member of Abortion Pill Rescue.

19. Consultation – Explaining the APR Protocol and referring APR Clients to APR resources in their community.

20. Counseling – Assisting a client through the steps of the APR Protocol process. Counseling, as used in this document, is distinguished from professional mental health counseling.

21. Prescribing – Advising and authorizing the use of the APR Protocol. For the purpose of this manual, Prescribing refers to providing a prescription and is differentiated from Administering.

22. Administering – The giving of progesterone shots, or the provision of progesterone pills or other medications directly to the APR Client pursuant to the APR Protocol.

23. Data Collection – Collecting information on the Outcome Report by the clinic staff about the reversal process and sent to Heartbeat International for use in further studies regarding the APR Reversal.

Background

Mission of the APR Network

Our mission is to provide a supportive alternative to women who have taken Mifepristone or another abortifacient drug and have decided they would like to try to continue their pregnancies by reversing the effects of that drug.

Chemical Abortions

Chemical Abortions became available in the United States in 2000. According to the Mifeprex manufacturer, Danco Laboratories, over 2 million women in the United States have procured Chemical Abortions.¹ There are multiple sources for obtaining a Chemical Abortion, including Planned Parenthood, independent abortion centers, private medical offices, community clinics, and online providers. The FDA does not recommend the online purchase of Chemical Abortion drugs.

A Brief History of the APR Protocol and APR Network

In 2006, Dr. Matthew Harrison, MD, was approached by a woman who had taken Mifepristone and wanted to reverse the effects of it. He treated her with Progesterone, and she went on to deliver a healthy baby.

In 2008, Dr. George Delgado, MD, the founder of the original APR network, devised the APR Protocol for reversing the effects of Mifepristone and began to advise doctors on the APR Protocol.

In December 2012, Dr. Delgado and Dr. Mary Davenport published a case series of mifepristone reversals in the peer-reviewed medical journal, *Annals of Pharmacotherapy*. (See Appendix). In May 2012, Dr. Delgado launched the APR website, www.abortionpillreversal.com and a telephone hotline designed to connect women seeking APR to medical professionals in their area who could administer it. Medical professionals were invited to join the APR network.

In May 2017, Dr. Davenport published an article in the peer-reviewed medical journal, *Issues in Law and Medicine*, establishing the survival rate of embryos and fetuses exposed to Mifepristone when no reversal treatment was offered. (See Appendix). Shortly thereafter, in April 2018, Dr. Delgado published a large case series in *Issues in Law and Medicine* supporting the safety and effectiveness of the APR Protocol.

¹ Mifeprex (mifepristone) Information. (2016, March 30). In U.S. Food and Drug Administration. Retrieved November 1, 2017, from <https://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm111323.htm>

Overview of Procedure

APR Healthcare Professional or APR PMC Procedures

APR Clients referred to you from the Hotline Rescue Team will have some general information about the APR Protocol. However, please be aware that you are assuming their care from this point forward. We request the following:

1. At the first in-person visit with the APR Patient, review the following form with her and obtain her signature:

Authorization for Release of Health Information Form providing consent to share medical information with Heartbeat International.

2. Prescribe or Administer Progesterone according to the APR Protocol.
3. Provide or arrange for continuing care as follows:
 - a. If using injectable Progesterone, all visits to receive the injection, per the APR Protocol.
 - b. Ultrasounds every 1-2 weeks until the end of the 12th week or as necessary per your judgment.
 - c. Regular prenatal care.
 - d. If the APR Protocol fails, provide or refer for medical or surgical care for incomplete abortion.

Note: If the APR Patient has her own prenatal care practitioner, we recommend that you manage the APR Protocol separately, if acceptable to the prenatal care practitioner.

4. Complete the APR Outcome Report and return to Heartbeat International using NextLevel login or email to followup@apr.life.
5. Please be sure to follow all applicable patient confidentiality laws and regulations, including HIPAA and any applicable state laws. Additionally, please follow all applicable laws with respect to mandatory reporting.



Progesterone Protocols for The Attempted Reversal of Mifepristone

Oral Protocol

1. Prometrium brand or progesterone generic micronized oral capsules 200 mg, two capsules (400 mg) by mouth ASAP and bedtime on day 1 (must be at least 5 hours apart). 200mg, two capsules (400 mg) AM and PM on day 2 and 3.
2. Continue progesterone 200mg, two capsules (400mg) at bedtime for a minimum of two weeks or according to your clinical judgment.

Vaginal Protocol (Capsules per vagina)

1. If the patient is unable to take oral capsules or intramuscular injections, consider vaginal administration of oral capsules Prometrium brand or progesterone generic micronized oral capsules 200 mg, two capsules (400 mg) inserted vaginally ASAP AND at bedtime day 1 (must be at least 5 hours apart). 200mg, two capsules (400 mg) AM and PM on day 2 and 3.
2. Continue progesterone 200mg, two capsules (400 mg) inserted vaginally daily at bedtime for a minimum of two weeks or according to your clinical judgment.

Intramuscular Protocol

1. Compounded progesterone in oil 200mg (100mg/ml or 50mg/ml) intramuscularly (IM) upper outer quadrant of gluteal muscle, slowly over 2-3 minutes as soon as possible after the ingestion of mifepristone.
2. Continue progesterone in oil, 200 mg IM once a day for two more days.
3. Continue progesterone in oil, 200mg IM every other day until day 14 after mifepristone ingestion.
4. Continue progesterone in oil, 200 mg IM twice a week for a minimum of two weeks or according to your clinical judgment.

Additional Instructions for the Reversal Provider:

- Do not prescribe Prometrium based in peanut oil if the patient is allergic to peanuts.
- If prescribing oral, prescribe enough for 1 week at a time with refills. One month's supply may be unaffordable if the patient's insurance doesn't cover.
- Provide ultrasound per Clinic Protocol as soon as possible to confirm embryonic viability and intrauterine location. If less than 6 weeks after LMP, consider monitoring serial HCG levels and simply do ultrasound at 6 weeks.
- If bleeding or

cramping occurs and an intrauterine location of pregnancy has not been confirmed, treat as an ectopic pregnancy and appropriately refer until an intrauterine location is confirmed.

- For an ectopic pregnancy or an incomplete abortion, seek consultation as necessary.
- Provide an ultrasound every 1-2 weeks during the first trimester to confirm continued viability.
- The physician, midwife, PA or NP who prescribes should see patient within 72 hours or ensure a plan for ongoing care.
- Providers should use their own professional judgement based on experience prescribing progesterone. Some providers have successfully prescribed 600 mg twice a day for two days, followed by 400 mg twice a day for two days and then 400 mg at bedtime. Other doctors, particularly in Europe have used even higher doses.

Reversal in Second and Third Trimester:

- If the patient has had laminaria inserted and been given mifepristone, but still has a living fetus, progesterone should be prescribed, the laminaria removed, and she should be evaluated for rupture of the membranes. The patient should also be assessed for the need for antibiotics, as laminaria will increase the chance for chorioamnionitis in a pregnancy that continues after their use.
- A minimum of two weeks of progesterone treatment is recommended in second and third trimesters of pregnancy for reversal of mifepristone. The individual prescribing provider should use his or her clinical judgement for dose and duration of progesterone treatment.

Approved by:

George Delgado, M.D., Medical Advisor, APR Medical Advisory Team

Dr. Brent Boles, M.D., Medical Director, Heartbeat International

Methotrexate

Currently, our program is designed to serve women who have taken mifepristone (Mifeprex).

However, for women who have taken methotrexate, prescribed progesterone may also be beneficial to support the pregnancy even though it is not an antidote to methotrexate. In addition to our standard progesterone protocol, co-treatment with leucovorin (also called citrovorum factor and 5-formyltetrahydrofolate) is used in some treatment regimens to reduce the toxicity of methotrexate. Folic acid is also commonly prescribed to counter the anti-folate action of methotrexate.

Methotrexate is an anti-folate medication that is potentially associated with increased risk of multiple birth defects. Based on a limited number of cases in humans, there appears to be increased rate for congenital heart defect (CHD), cleft palate, hypospadias, congenital diaphragmatic hernia, craniosynostosis, central nervous system abnormalities, limb defects, developmental delay, and cognitive impairment.

Leucovorin supplement to Progesterone for Methotrexate

- Dose #1: 30mg po immediately
- Dose #2-9: 15mg q6h po x 2days
- Folic Acid 4mg qd throughout first trimester

Note from Dr. George Delgado, founder of Abortion Pill Reversal & member of APR Advisory Team:

Methotrexate inhibits the enzyme dihydrofolate reductase (DHFR) which reduces folic acid to leucovorin (colonic acid). Without that step, folic acid is useless. That is why the antidote is leucovorin. After the methotrexate is washed out, folic acid can be given because DHFR will again be operable.

Adam MP, Manning MA, Beck AE, et al. 2003. Methotrexate/misoprostol embryopathy: report of four cases resulting from failed medical abortion. *Am J Med Genet A* 123: 72–78.

Dawson AL, Riehle-Colarusso T, Reefhuis J, Arena JF, The National Birth Defects Prevention Study. Maternal Exposure to Methotrexate and Birth Defects: a Population Based Study. *American journal of medical genetics Part A*. 2014;0(9):2212-2216. doi:10.1002/ajmg.a.36625.

When a fetus survives methotrexate exposure. *J Fam Pract*. 2012 March;61(3):E1-E4

Misoprostol

Currently, our program is designed to serve women who have taken mifepristone (Mifeprex), which is not associated with birth defects according to the ACOG October 2020 Practice Bulletin “Medication Abortion Up to 70 Days of Gestation.” **However, for women who have taken the first and second drugs of the medical abortion regimen, mifepristone on day one and misoprostol (Cytotec) 12-48 hours later, progesterone may be beneficial to support the pregnancy even though it is not an antidote to misoprostol.**

Currently, our program is designed to serve women who have taken mifepristone (Mifeprex), which is not associated with birth defects according to ACOG Practice Bulletin Number 225, October 2020 (“No evidence exists to date of a teratogenic effect of mifepristone”). However, for women who have taken the first and second drugs of the medical abortion regimen, mifepristone on day one and misoprostol (Cytotec) 12-48 hours later, progesterone may be beneficial to support the pregnancy even though it is not an antidote to misoprostol. Studies show there is a small increase in risk of birth defects in babies born after misoprostol but the incidence remains largely unknown and involves multiple factors. <https://pubmed.ncbi.nlm.nih.gov/23207166/>.

APR Healthcare Professional FAQs

Who can treat women who would like to reverse mifepristone?

Practitioners currently in the APR network include obstetricians, gynecologists, family physicians, internists, pediatricians, nurse practitioners, midwives and physician assistants. Generally, practitioners who treat women with threatened miscarriages in the first trimester of pregnancy will find that treating APR patients is within the scope of their practice.

How do I obtain injectable progesterone?

Many doctors use progesterone in oil, 100 mg/ml compounded in order to minimize injection volumes. Contact compounding pharmacies in your area and select one that is reputable. Some physicians use commercially available progesterone in oil, 50 mg/ml. Two -2ml injections are given in **each** gluteal area, if the 50 mg/ml formulation is used.

What about oral or vaginal progesterone?

Our current data suggest that high-dose oral progesterone is as effective as injected progesterone. Physicians have used progesterone oral capsules (Prometrium or generic) dosed orally or vaginally. Other doctors have prescribed compounded vaginal suppositories. The most important thing is to get the progesterone started as soon as possible.

What if the woman has a peanut allergy?

Since progesterone (Prometrium) oral capsules contain peanut oil, they should not be prescribed to patients with a peanut allergy. Some compounding pharmacies offer Prometrium without peanut oil.

What if a patient starts to spot or bleed initially?

Many patients have spotted or mildly bled after they started the reversal process and have continued with normal pregnancies. We do not recommend stopping the progesterone treatment unless an embryonic or fetal demise has been confirmed by ultrasound or the passage of tissue.

What diagnosis code should I use?

The appropriate diagnosis code for APR is ICD-10 O20 "Threatened abortion".

If I will not provide prenatal care for the whole pregnancy, when should I transfer care?

Each physician who will not continue prenatal care should determine when the

obstetrical care provider will accept the transfer of a patient. Many obstetricians do not begin to see patients until they are 10-12 weeks along in their pregnancies.

We recommend that the reversal physicians ensure that progesterone therapy continues during the first trimester.

Why does the patient need to sign the Authorization to Release Medical Information form?

This form allows the doctor to share information with APR about the patient's status and outcome. The data APR collects will allow us to adjust and modify the recommended protocols so that patients receive the best evidence-based treatments.

Is mifepristone (RU-486) teratogenic?

The studies available do not suggest that mifepristone significantly increases the risk of birth defects. In fact, ACOG, in its March 2014, Practice Bulletin 143 (updated 2016) states that mifepristone is not teratogenic. That study is provided (see page 10 of the study). Our April 2018 study is the largest case series of embryos exposed to mifepristone; the birth defect rate was about the same as the general population.

What about costs of the treatment?

Costs of the treatment vary depending on the progesterone used. Insurance plans may cover treatment. Women who do not have insurance or financial means to pay for treatment should discuss this with the medical provider. In cases of financial hardship, APR will work with the medical provider to underwrite progesterone costs. If a woman cannot afford progesterone treatment, contact APR; we are committed to help.

APR Patient FAQs

With answers from APR Founder, Dr. George Delgado, M.D., F.A.A.F.P. **Is it too late to reverse the abortion pill?**

For those seeking to reverse a chemical abortion, the goal is to start the protocol within the first 24 hours of taking the first abortion pill, mifepristone, also known as RU-486. However, there have been many successful reversals when treatment was started within 72 hours of taking the first abortion pill. Even if 72 hours have passed, it may not be too late.

The abortion clinic said I have to complete the abortion; is that true?

No, it is always your choice to change your mind. Even if you have started the chemical abortion process, reversal may still be a choice for you.

What if I am cramping or spotting? Does that mean it's too late to reverse the abortion pill?

Spotting or bleeding is common during reversal treatment. It is important and safe to continue the progesterone even if you experience spotting or bleeding, unless directed otherwise. If you experience heavy bleeding, faintness, severe abdominal pain, or fever, seek emergency medical attention immediately. This could be effect of the mifepristone and would require immediate care. It is important to have an ultrasound to confirm that your baby is in the uterus as soon as possible.

What about the other pills the abortion clinic gave me?

The second medication is called misoprostol or Cytotec. Its purpose is to cause the uterus to contract and expel the baby. You should not take the Misoprostol/Cytotec if you want to try to reverse the chemical abortion.

What is the treatment to reverse the abortion pill?

An ultrasound will be done as soon as possible to confirm heart rate, placement, and dating of the pregnancy. The doctor or other medical provider will prescribe progesterone, given as a pill to be taken orally or vaginally or possibly by intramuscular injection. The treatment will usually continue through the first trimester of pregnancy.

Why is progesterone used?

Mifepristone blocks progesterone's actions by binding to progesterone receptors in the uterus and the placenta. Progesterone is the natural hormone in a woman's body that is necessary to nurture and sustain a pregnancy. By giving extra progesterone, we hope to outnumber and outcompete the mifepristone in order to reverse the effects of mifepristone.

What if I start cramping or spotting after I start the progesterone treatment?

Many women have experienced cramping or spotting and still go on to have successful reversals. Be sure to let your doctor or medical provider know you are experiencing these symptoms. If you experience heavy bleeding, faintness, severe abdominal pain, or fever, seek emergency medical attention immediately. This could be effect of the mifepristone and would require immediate care.

What is the success rate of Abortion Pill Reversal?

Initial studies of APR have shown that APR has a 64-68% success rate. Without the APR treatment, mifepristone may fail to abort the pregnancy on its own. In other words, your pregnancy may continue even without APR if you decide not to take misoprostol, the second abortion drug likely prescribed or provided to you when you took mifepristone. APR has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

What about birth defects? Is my baby going to be OK?

The American College of Obstetricians and Gynecologists (ACOG) in its Practice Bulletin Number 143, March 2014, states that: "No evidence exists to date of a teratogenic effect of mifepristone." In other words, it does not appear that mifepristone, RU-486, causes birth defects.

Progesterone has been safely used in pregnancy for over 50 years. Initial studies have found that the birth defect rate in babies born after the APR is less than or equal to the rate in the general population. Neither Mifepristone nor progesterone is associated with birth defects.

What are the possible side effects of progesterone?

Progesterone may cause sleepiness, lack of energy, light headedness, dizziness, gastrointestinal discomfort and headaches. Increased fluid intake might help relieve these symptoms. Swelling and pain are side effects of the shots. If ice and heat packs do not relieve the pain or if the site is red and grows, seek medical attention. It is

important that you follow all of the instructions of your APR provider carefully. If you have any questions, contact your provider.

Some progesterone treatments include peanut oil - what if I am allergic to peanuts?

If you are allergic to peanut oil, notify your provider before beginning APR. Progesterone may include this ingredient, so it is important that you notify your provider of any of this allergy before taking progesterone. An alternative form of progesterone may be available for those with allergies.

How much will this cost?

Costs of the treatment varies depending on the progesterone used. Insurance plans may cover treatment. Women who do not have insurance or financial means to pay for treatment should discuss this with their medical provider.

In cases of financial hardship, APR will help you find ways to reduce the cost of the treatment.

Even though I regret my decision to take the abortion pill, there is no way I could keep and raise this baby alone and without support. What would I do then?

We are here to help support pregnant women and their developing babies. We can connect you to the support you need to make the best decision possible for you and your baby.

If you think parenting might be an option for you, but you have concerns about money, baby supplies, insurance or your parenting skills, there may be local help available.

I'd like to save this pregnancy, but I'll probably get kicked out of my house. What should I do?

Call Abortion Pill Rescue at (877) 558-0333. They can help you find the resources you need for your particular situation. Most women might need a little (or a lot) of help. There are over 2,000 organizations in the United States, and many more around the world, who help women and families with anything from baby bottles and diapers, to peer and professional counseling, and even housing.

The abortion pill and the morning after pill are the same thing, right?

No, they are different. The “morning after pill” is marketed as an emergency contraception method. The most commonly used preparation contains a high level of a progestin and can be taken up to 72 hours after sexual intercourse. New insights into how it works make it clear that it can prevent implantation of the young human embryo into the lining of the uterus. This is a contragestational or abortifacient effect, not a contraceptive effect.

The abortion pill, mifepristone, is taken up to 70 days (10 weeks) into a pregnancy with the intention of causing an abortion. It works by blocking progesterone receptors. Progesterone is the necessary hormone that nurtures and supports a pregnancy.

The newest morning after pill, Ella, is very similar to mifepristone in its action in that it blocks progesterone receptors. It is approved by the FDA for use up to five days after intercourse and also has abortifacient effects.

Does your organization provide the abortion pill to women or perform surgical abortions?

Abortion Pill Rescue provides compassionate support for women during their pregnancies and does not provide or refer for abortion. We work diligently to provide women seeking reversal with information and resources to make healthy choices for their pregnancies.

Do any professional organizations support Abortion Pill Reversal?

The American Association of Pro-Life Obstetricians and Gynecologists, a 2500-member organization, supports offering abortion pill reversal (APR) to women who regret initiating the abortion pill process, after appropriate informed consent.



Forms

Consent for Patients who took Mifepristone Only



This information is for women who have begun a chemical abortion by taking mifepristone and now wish to continue their pregnancies.

A medical/chemical abortion most commonly requires you to take two drugs: first, mifepristone, then misoprostol. Mifepristone begins to abort a pregnancy by blocking progesterone, the hormone required for a viable, successful pregnancy. Misoprostol causes the uterus to contract and expel the pregnancy from the uterus.

Abortion Pill Reversal (APR) treatment is the process of using progesterone to reverse the effects of mifepristone, in an attempt to stop the chemical abortion process and allow the pregnancy to continue.

APR treatment has not been formally approved by the U.S. Food and Drug Administration. However, progesterone, the hormone used to reverse the effects of mifepristone, is a hormone approved by the FDA to reduce the risk of recurrent preterm birth. Additionally, a related compound, 17-OH progesterone, is approved for use in pregnancy to prevent preterm labor in certain women. APR treatment is an off-label use of progesterone. Off-label use of medications is a common medical practice. Progesterone has been used safely in pregnancy since the 1950s. It is prescribed as an as a pill to be taken orally or vaginally or on occasion as an intramuscular injection.

APR was first used in 2006. Initial studies have found that the birth defect rate in babies born after the APR treatment is less than or equal to the rate in the general population. Neither mifepristone nor progesterone is associated with birth defects.

Risks Associated with APR Treatment

Spotting or bleeding is common during reversal treatment. It is important and safe to continue the progesterone even if you experience spotting or bleeding, unless directed otherwise by a medical professional. **If you experience heavy bleeding, faintness, severe abdominal pain, fever, or any other symptom of concern, seek emergency medical attention immediately, and bring a list of all your medications (including any medications taken to induce an abortion) with you to the Emergency Room. These symptoms require immediate care.**

If you are allergic to peanut oil, notify your provider before beginning APR. Progesterone may include this ingredient, so it is important that you notify your provider of this allergy before taking progesterone. An alternative form of progesterone may be available for those with allergies.

Progesterone may cause sleepiness, lack of energy, light headedness, dizziness, gastrointestinal discomfort and headaches. Increased fluid intake and taking this medication with food might help reduce these symptoms. Swelling and pain are possible side effects of the intramuscular injections. If ice and heat packs do not relieve the pain or if the site is red and grows, seek medical attention.

It is important that you follow all of the instructions of your APR provider carefully. If you have any questions, contact your provider.

The outcome of your particular reversal attempt cannot be guaranteed. Sometimes, a reversal attempt is unsuccessful, and the unborn child dies, despite the use of abortion pill reversal treatment. If your particular reversal attempt is not

successful, you may experience mental, physical, or emotional distress as a result. If this occurs, you should seek medical attention.

Success Rates with APR Treatment

Initial studies of APR report a 64-68% success rate. Without the APR treatment, mifepristone may fail to abort the pregnancy on its own. In other words, your pregnancy may continue even without APR treatment if you decide not to take misoprostol, the second abortion drug likely prescribed or provided to you when you took mifepristone. APR has been shown to increase the chances of allowing the pregnancy to continue. However, **the outcome of your particular reversal attempt cannot be guaranteed.**

Acknowledgment

I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. I have read and understand the above information about using APR treatment to attempt to continue my pregnancy.

Signed: _____

Dated: _____



Consent to Provide Personal and Medical Information to APR Provider

Please read each line carefully before initialing. By initialing below, you indicate that you read, understand, and consent to each line.

_____ I have contacted the Abortion Pill Rescue Network (APRN), owned and operated by Heartbeat International, because I want to stop the effects of a non-surgical abortion, and **I want to try to continue my pregnancy.**

_____ I have contacted the APRN freely and without coercion.

_____ I certify that I am seeking information for personal use only, and I agree not to use any information received from APRN or its providers or partners for any commercial, publication, or research purpose.

_____ I agree that any media inquiries should be directed to Heartbeat International at media@heartbeatinternational.org.

_____ I understand that any personal data communicated in writing to the APRN will be held confidential by APRN, except as required by law,

_____ I understand that I am responsible to secure a private space in order to maintain confidentiality.

_____ I have been provided an interpreter, if available, if I do not understand English.

_____ I understand that the consultant who provided me this form ("My Consultant") is associated with the Abortion Pill Rescue Hotline and may not be employed by the medical professional(s) or facility who prescribes and/or provides the APR treatment (the "APR Provider").

_____ I understand that My Consultant provides education but not medical advice. I understand that My Consultant is not assuming my medical care, and that I should go to the Emergency Room if I experience any significant complications.

_____ I understand that the Abortion Pill Rescue Hotline does not provide APR treatment but will attempt to refer me to an APR Provider who may provide APR treatment, in his or her sole medical discretion.

_____ I have read this consent, and My Consultant has explained to me the APR treatment, including its risks and benefits. My Consultant has answered all of my questions.

_____ I understand that APR treatment is an off-label use of progesterone.

_____ I understand that the outcome of my reversal attempt cannot be guaranteed and that I may experience mental, physical or emotional distress if my reversal attempt is not successful.

_____ I understand that **if I experience heavy bleeding, faintness, severe abdominal pain, fever, or any other symptom of concern, I should seek emergency medical care immediately.**

_____ I consent to allow my de-identified data to be used or shared to study APR or improve the administration of the APRN.

_____ **I hereby give full consent to receive APR treatment, and I waive and release any and all claims of whatsoever kind and nature that I, my baby, my legal representative or heirs and relatives might have or hereafter have against Heartbeat International, its medical personnel, directors, officers, employees, agents, representatives, and volunteers, My Consultant, and/or the APR Provider.**

_____ I hereby give permission to allow the Abortion Pill Rescue Hotline, Heartbeat International, Inc., and My Consultant to provide my personal and medical information to an APR Provider. I agree to have my information released for the administration and operations of the APRN.

_____ I expressly agree that this waiver, release and indemnity agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid, I expressly agree that the balance shall, notwithstanding, continue in full legal force and effect.

Signed: _____

Dated: _____

Printed Name: _____

Consent for Patients who took Methotrexate



This information is for women who have begun a methotrexate chemical abortion and now wish to continue their pregnancies.

Methotrexate is a drug used to treat cancer, rheumatoid arthritis and psoriasis. It is sometimes used off-label to cause an abortion. Methotrexate can be administered through a shot or a pill. Methotrexate begins to abort a pregnancy by stopping the baby's cells from dividing and multiplying.

Currently, the Abortion Pill Reversal (APR) protocol is designed to serve women who have taken mifepristone (Mifeprex) by administering progesterone to counter mifepristone. However, for women who have taken methotrexate, prescribing progesterone may also be beneficial to support the pregnancy, even though progesterone is not an antidote to methotrexate. In addition to the standard APR protocol using progesterone, co-treatment with leucovorin (also called citrovorum factor and 5-formyltetrahydrofolate) is used in some treatment regimens to reduce the toxicity of methotrexate. Folic acid is also commonly prescribed to counter the anti-folate action of methotrexate.

APR treatment has not been formally approved by the U.S. Food and Drug Administration. However, progesterone is a hormone approved by the FDA to reduce the risk of recurrent preterm birth. Additionally, a related compound, 17-OH progesterone, is approved for use in pregnancy to prevent preterm labor in certain women. APR is an off-label use of progesterone. Off-label use of medications is a common medical practice. Progesterone has been used safely in pregnancy since the 1950s. It is prescribed as a pill to be taken orally or vaginally or on occasion as an intramuscular injection.

Risks Associated with Methotrexate

Methotrexate is an anti-folate medication that is potentially associated with increased risk of multiple birth defects. Based on a limited number of cases in humans, there appears to be increased rate for congenital heart defect, cleft palate, hypospadias, congenital diaphragmatic hernia, craniosynostosis, central nervous system abnormalities, limb defects, developmental delay, and cognitive impairment. Other birth defects are also possible. If you wish to learn more about the risk of birth defects associated with methotrexate, studies are available upon your request.

Risks Associated with APR Treatment

Spotting or bleeding is common during reversal treatment. It is important and safe to continue the progesterone even if you experience spotting or bleeding, unless directed otherwise by a medical professional. **If you experience heavy bleeding, faintness, severe abdominal pain, fever, or any other symptom of concern, seek emergency medical attention immediately, and bring a list of all your medications (including any medications taken to induce an abortion) with you to the Emergency Room. These symptoms require immediate care.**

If you are allergic to peanut oil, notify your provider before beginning APR. Progesterone may include this ingredient, so it is important that you notify your provider of this allergy before taking progesterone. An alternative form of progesterone may be available for those with allergies.

Progesterone may cause sleepiness, lack of energy, light headedness, dizziness, gastrointestinal discomfort and headaches. Increased fluid intake and taking this medication with food might help reduce these symptoms. Swelling and pain are possible

side effects of the intramuscular injections. If ice and heat packs do not relieve the pain or if the site is red and grows, seek medical attention.

It is important that you follow all of the instructions of your APR provider carefully. If you have any questions, contact your provider.

The outcome of your particular reversal attempt cannot be guaranteed. Sometimes, a reversal attempt is unsuccessful, and the unborn child dies, despite the use of abortion pill reversal treatment. If your particular reversal attempt is not successful, you may experience mental, physical, or emotional distress as a result. If this occurs, you should seek medical attention.

Success Rates with APR Treatment

There have been no studies to show a success rate for women taking methotrexate and attempting reversal. The outcome of your particular reversal attempt cannot be guaranteed.

Acknowledgment

I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. I have read and understand the above information about using APR treatment to attempt to continue my pregnancy.

Signed: _____

Dated: _____



Consent to Provide Personal and Medical Information to APR Provider

Please read each line carefully before initialing. By initialing below, you indicate that you read, understand, and consent to each line.

_____ I have contacted the Abortion Pill Rescue Network ("APRN"), owned and operated by Heartbeat International, because I want to stop the effects of a non-surgical abortion, and **I want to try to continue my pregnancy.**

_____ I have contacted the APRN freely and without coercion.

_____ I certify that I am seeking information for personal use only, and I agree not to use any information received from APRN or its providers or partners for any commercial, publication, or research purpose.

_____ I agree that any media inquiries should be directed to Heartbeat International at media@heartbeatinternational.org.

_____ I understand that any personal data communicated in writing to the APRN will be held confidential by APRN, except as required by law,

_____ I understand that I am responsible to secure a private space in order to maintain confidentiality.

_____ I have been provided an interpreter, if available, if I do not understand English=.

_____ I understand that the consultant who provided me this form ("My Consultant") is associated with the Abortion Pill Rescue Hotline and may not be employed by the medical professional(s) or facility who prescribes and/or provides the APR treatment (the "APR Provider").

_____ I understand that My Consultant provides education but not medical advice. I understand that My Consultant is not assuming my medical care, and that I should go to the Emergency Room if I experience any significant complications.

_____ I understand that the Abortion Pill Rescue Hotline does not provide APR treatment but will attempt to refer me to an APR Provider who may provide APR treatment, in his or her sole medical discretion.

_____ I have read this consent, and My Consultant has explained to me the APR treatment, including its risks and benefits. My Consultant has answered all of my questions.

_____ I understand that APR treatment is an off-label use of progesterone.

_____ I understand that the outcome of my reversal attempt cannot be guaranteed and that I may experience mental, physical or emotional distress if my reversal attempt is not successful.

_____ **I understand that if I experience heavy bleeding, faintness, severe abdominal pain, fever, or any other symptom of concern, I should seek emergency medical care immediately.**

_____ I consent to allow my de-identified data to be used or shared to study APR or improve the administration of the APRN.

_____ **I hereby give full consent to receive APR treatment, and I waive and release any and all claims of whatsoever kind and nature that I, my baby, my legal representative or heirs and relatives might have or hereafter have against Heartbeat International, its medical personnel, directors, officers, employees, agents, representatives and volunteers, My Consultant, and/or the APR Provider.**

_____ **I hereby give permission to allow the Abortion Pill Rescue Hotline, Heartbeat International, Inc., and My Consultant to provide my personal and medical information to an APR provider. I agree to have my information released for the administration and operations of the APRN.**

_____ I expressly agree that this waiver, release and indemnity agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signed: _____

Dated: _____

Printed Name: _____

Consent for Patients who took both Mifepristone and Misoprostol



This information is for women who have begun a chemical abortion and now wish to continue their pregnancies after taking both mifepristone and misoprostol.

A medical/chemical abortion most commonly requires you to take two drugs: first, mifepristone, then misoprostol. Mifepristone begins to abort a pregnancy by blocking progesterone, the hormone required for a viable, successful pregnancy. Misoprostol causes the uterus to contract and expel the pregnancy from the uterus.

Abortion Pill Reversal (APR) treatment is the process of using progesterone to reverse the effects of mifepristone, in an attempt to stop the chemical abortion process and allow the pregnancy to continue.

Currently, our program is designed to serve women who have taken mifepristone (Mifeprex). However, for women who have taken both mifepristone and misoprostol, progesterone may be beneficial to support the pregnancy, even though progesterone is not an antidote to misoprostol.

APR treatment has not been formally approved by the U.S. Food and Drug Administration. However, progesterone, the hormone used to reverse the effects of mifepristone, is a hormone approved by the FDA to reduce the risk of recurrent preterm birth. Additionally, a related compound, 17-OH progesterone, is approved for use in pregnancy to prevent preterm labor in certain women. APR treatment is an off-label use of progesterone. Off-label use of medications is a common medical practice. Progesterone has been used safely in pregnancy since the 1950s. It is prescribed as a pill to be taken orally or vaginally or on occasion as an intramuscular injection.

Risks Associated with Misoprostol

Studies show there is a small increase in risk of birth defects in babies born after exposure to misoprostol, but the incidence remains largely unknown and involves multiple factors. If you wish to learn more about the risk of birth defects associated with misoprostol, studies are available upon your request.

Risks Associated with APR Treatment

Spotting or bleeding is common during reversal treatment. It is important and safe to continue the progesterone even if you experience spotting or bleeding, unless directed otherwise by a medical professional. **If you experience heavy bleeding, faintness, severe abdominal pain, fever, or any other symptom of concern, seek emergency medical attention immediately, and bring a list of all your medications (including any medications taken to induce an abortion) with you to the Emergency Room. These symptoms require immediate care.**

If you are allergic to peanut oil, notify your provider before beginning APR. Progesterone may include this ingredient, so it is important that you notify your provider of this allergy before taking progesterone. An alternative form of progesterone may be available for those with allergies.

Progesterone may cause sleepiness, lack of energy, light headedness, dizziness, gastrointestinal discomfort and headaches. Increased fluid intake and taking this medication with food might help reduce these symptoms. Swelling and pain are possible

side effects of the intramuscular injections. If ice and heat packs do not relieve the pain or if the site is red and grows, seek medical attention.

It is important that you follow all of the instructions of your APR provider carefully. If you have any questions, contact your provider.

The outcome of your particular reversal attempt cannot be guaranteed. Sometimes, a reversal attempt is unsuccessful, and the unborn child dies, despite the use of abortion pill reversal treatment. If your particular reversal attempt is not successful, you may experience mental, physical, or emotional distress as a result. If this occurs, you should seek medical attention.

Reversal Success Rates with APR Treatment

There have been no studies to show a success rate for women taking both mifepristone and misoprostol. The outcome of your particular reversal attempt cannot be guaranteed.

Acknowledgment

I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. I have read and understand the above information about using APR treatment to attempt to continue my pregnancy.

Signed: _____

Dated: _____



Consent to Provide Personal and Medical Information to APR Provider

Please read each line carefully before initialing. By initialing below, you indicate that you read, understand, and consent to each line.

_____ I have contacted the Abortion Pill Rescue Network ("APRN"), owned and operated by Heartbeat International, because I want to stop the effects of a non-surgical abortion, and **I want to try to continue my pregnancy.**

_____ I have contacted the APRN freely and without coercion.

_____ I certify that I am seeking information for personal use only, and I agree not to use any information received from APRN or its providers or partners for any commercial, publication, or research purpose.

_____ I agree that any media inquiries should be directed to Heartbeat International at media@heartbeatinternational.org.

_____ I understand that any personal data communicated in writing to the APRN will be held confidential by APRN, except as required by law,

_____ I understand that I am responsible to secure a private space in order to maintain confidentiality.

_____ I have been provided an interpreter, if available, if I do not understand English.

_____ I understand that the consultant who provided me this form ("My Consultant") is associated with the Abortion Pill Rescue Hotline and may not be employed by the medical professional(s) or facility who prescribes and/or provides the APR treatment (the "APR Provider").

_____ I understand that My Consultant provides education but not medical advice. I understand that My Consultant is not assuming my medical care, and that I should go to the Emergency Room if I experience any significant complications.

_____ I understand that the Abortion Pill Rescue Hotline does not provide APR treatment but will attempt to refer me to an APR Provider who may provide APR treatment, in his or her sole medical discretion.

_____ I have read page this consent, and My Consultant has explained to me the APR treatment, including its risks and benefits. My Consultant has answered all of my questions.

_____ I understand that APR treatment is an off-label use of progesterone.

_____ I understand that the outcome of my reversal attempt cannot be guaranteed and that I may experience mental, physical or emotional distress if my reversal attempt is not successful.

_____ **I understand that if I experience heavy bleeding, faintness, severe abdominal pain, fever, or any other symptom of concern, I should seek emergency medical care immediately.**

_____ I consent to allow my de-identified data to be used or shared to study APR or improve the administration of the APRN.

_____ **I hereby give full consent to receive APR treatment, and I waive and release any and all claims of whatsoever kind and nature that I, my baby, my legal representative or heirs and relatives might have or hereafter have against Heartbeat International, its medical personnel, directors, officers, employees, agents, representatives, and volunteers, My Consultant, and/or the APR Provider.**

_____ **I hereby give permission to allow the Abortion Pill Rescue Hotline, Heartbeat International, Inc., and My Consultant to provide my personal and medical information to an APR Provider. I agree to have my information released for the administration and operations of the APRN.**

_____ I expressly agree that this waiver, release and indemnity agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signed: _____

Dated: _____

Printed Name: _____

Authorization for Release of Health Information

Pursuant to HIPAA

I request that Health Information regarding my care and treatment be released as set forth on this form and in accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that:

1. I hereby authorize release of my information by in any secure manner, including via facsimile, secure e-mail and telephonically.
2. I have the right to revoke this authorization at any time by writing to the healthcare providers listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
3. I understand that signing this authorization is voluntary.
4. Name and address of agencies to whom you are authorized to release information:

Heartbeat International
5000 Arlington Centre Blvd. Suite 2277
Columbus, OH 43220

5. Specific information to be released:

Medical Records
Progesterone Dosage and Administration Record During Prenatal Care
Laboratory Records of Progesterone Levels
Ultrasound Reports
Verification of Positive Pregnancy
APR Outcome Report
Other _____

6. Date or event on which this authorization is expire: One year after birth of child.

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of this form.

Signed: _____ Date: _____

Printed Name: _____

Outcome Report



Patient Name _____ ID # _____ APR

Provider _____

APR OUTCOME REPORT

U/S DATE	EGA	EDD	FHR

Progesterone Treatment:

Date	Dose/Route	Frequency	Duration
<i>Eg., 01/02/03</i>	<i>200 mg/PO</i>	<i>QHS</i>	<i>6 weeks</i>

Directions for APR Provider: Please provide pertinent notes regarding reversal below. Include contact information of patient's current provider, transfer date and return report to followup@apr.life or login to NextLevel. **Summary of Prenatal Care for Mifepristone Reversal:**

Provider Signature _____

Birth Outcome:

Live Birth Date: ____/____/____

Birth Weight: ____lbs. ____oz.

Neonatal Complications: _____

Maternal Complications: _____

Gestation: ____ weeks

Neonatal Gender: Male ☐ Female ☐

Type of Delivery: C/S ☐ SVD ☐

Final Outcome to be entered by APR staff only

Date	Code

Outcome Codes:

RF-Reversal Failure followed by D/C, Miso or Natural **RAS**: Re-Abort Surgically, **RAM**: Re-Abort Misoprostol, **PB**: Preterm, **BD**: Birth Defect, **PBD**: Preterm Birth Defect, **HB**: Healthy Birth **LC**: Lost Contact **SC** Special Case



Sample Policies and Procedures For Pregnancy Help Organizations

Becoming an APR Network Center

Abortion Pill Rescue Centers are part of the APR Network and are needed to care for women seeking reversal of chemical abortion.

APR services in centers can be provided in different ways depending on resources and preferences. Centers can eliminate many of the barriers for the client seeking reversal and are able to offer clients ongoing needed support following the reversal attempt.

A Pregnancy Center providing the Abortion Pill Reversal Protocol:

- ☐ Assumes care of the client who contacts APR Hotline requesting reversal. ☐ Provides progesterone to the client requesting reversal by dispensing onsite or through a pharmacy prescription.
- ☐ Confirms the viability and dating of the pregnancy with ultrasound. ☐ Schedules the client with the prescribing physician (either at the center or in his/her office) within 72 hours.
- ☐ Provides referrals for continuing prenatal care.
- ☐ Offers the client ongoing support and referrals for other needed services.
- ☐ Reports outcome of reversal to Heartbeat International.

If your center provides the Abortion Pill Reversal Protocol, do not include the policy and procedure called “APR Consulting” – that sample is for a pregnancy center providing consulting services only.

A Pregnancy Center providing Consulting Services:

- ☐ Educates clients about Abortion Pill Reversal.
- ☐ Refers clients to the APR hotline if they are in need of reversal services.
- ☐ Assists with locating donors to help clients pay for their prescriptions and/or physician visits as they attempt to reverse the chemical abortion.
- ☐ Provides free limited obstetric ultrasound to clients receiving reversal treatment. ☐ Provides follow-up support if needed to women who have successful reversal or pregnancy loss after attempted reversal.

If your center is a consulting center, the policy and procedure called “APR Consulting” is the only procedure necessary. In other words, you do not need the procedures on providing the protocol, standing orders, and reporting outcomes.

To join our PHO Network when fully prepared to offer APR services as an APR Network Provider or Consulting Center: <https://aprnworldwide.com/medical-network>

Sample Policies & Procedures

Note: The following are sample APR policies created to assist Pregnancy Help Centers who are adding abortion pill reversal to their medical services. Please consult with your Medical Director and legal counsel to determine what policies should be adapted to your particular center.

APR Consulting

Policy: (Center) is an APR Network Consulting Center.

Procedure:

Center staff and volunteers:

- a. Offer APR information to clients who are considering abortion.
- b. Refer to the APR hotline those that need reversal services.
- c. Locate donors to assist clients in paying for the progesterone required and/or physician visits as they attempt to reverse the chemical abortion.
- d. Provide limited obstetric ultrasound according to physician's order for those who are attempting reversal. (Note: These are typically weekly or bi-weekly ultrasounds)
- e. Provide needed support and community referrals to women who have a successful reversal or a pregnancy loss after attempted reversal.

Providing APR Protocol

Note: The Client/Patient has the right to withdraw consent for completion of a chemical abortion if she desires to continue her pregnancy. No woman is required to complete an in-progress abortion.

Progesterone is the natural hormone necessary to nurture and sustain a pregnancy. Mifepristone blocks Progesterone's actions by binding to Progesterone receptors in the uterus and the placenta. By giving extra Progesterone, the objective is to out-compete the mifepristone in order to reverse its effects.

Progesterone has been safely and routinely used in pregnancy since the 1950s. There is no record of birth defects caused by Progesterone. Bio-identical Progesterone is used for reversal Treatment because it matches the Progesterone made in the woman's body.

Clients may be symptomatic after taking mifepristone, but many women have successfully reversed the effects of mifepristone even after experiencing cramping and/or spotting. Even though the Client/Patient may experience mild cramping, spotting, bleeding and passing of small blood clots for 3-5 days after beginning the medical abortion, the baby may still be viable.

The goal is to start the APR Protocol within the first 24 hours of taking the abortion pill, Mifepristone, also known as RU-486. However, many successful reversals have occurred when treatment was started within 72 hours of taking the abortion pill.

If less than 6 weeks after LMP and unable to confirm intrauterine pregnancy by ultrasound, consider monitoring serial HCG levels and simply do ultrasound at 6 weeks in addition to providing progesterone.

Policy:

Abortion Pill Reversal protocol is provided to Client/Patients seeking reversal of chemical abortion after initial assessment indicates eligibility.

Procedure:

- a. (Center) enrolls as an APR Network Provider and the APR Provider Kit is obtained from Heartbeat International.
- b. The Medical Director and all staff assisting with APR review the APR Provider Kit documents.
- c. When Clients/Patients are seeking Abortion Pill Reversal, an assessment is made by a Medical Professional to determine eligibility.
- d. Clients who are eligible have:
 - ☐ Started a chemical abortion within the last 72 hours (Medical Director can determine if eligible for treatment after 72 hours).
 - ☐ Are requesting the chemical abortion be reversed.

- ☐ Are not being treated for breast cancer (at the Medical Director's discretion).
- ☐ Agree to comply with the APR protocol.
- e. Client/Patient consent for reversal is obtained and documented.
- f. A urine HCG test is performed to verify pregnancy.
- g. A history of Client/Patient is performed including age, DOB, gravida, parity, abortion, LMP, past obstetric history, past surgical history, peanut allergy and Rh type.
- h. Blood pressure and temperature is measured. If vital signs are out of normal range (provide specific range for abnormal), the Medical Director is notified.
- i. An ultrasound is provided per center/clinic protocol as soon as possible to confirm embryonic viability, dating of the pregnancy, and intrauterine location.
- j. Progesterone is prescribed by the Medical Director to Clients/Patients as soon as possible after reversal is requested through a pharmacy or dispensed at the center. Progesterone is not delayed obtaining an ultrasound if ectopic pregnancy is not suspected.
- k. Clients/Patients with peanut allergies are not prescribed Prometrium capsules or generic Progesterone capsules in peanut oil.
- l. If an ectopic pregnancy or an incomplete abortion is suspected, the Medical Director is notified immediately for instruction, or the Client/Patient is sent to the nearest emergency department for medical care.
- m. Clients/Patients are educated and instructed regarding symptoms they may experience during their reversal attempt. Medical care should be sought immediately if the Client/Patient has any of the following symptoms after beginning the APR protocol:
 - (a) Heavy vaginal bleeding filling two pads in an hour and/or passing of clots the size of a lemon
 - (b) Severe or continuing nausea or vomiting
 - (c) Cramping and/or back pain
 - (d) Abdominal pain of any kind especially sharp, one-sided or sudden
 - (e) Faintness (Client/Patient should be advised not to drive to hospital alone if she is faint.)
 - (f) Swelling of hands or face
 - (g) Severe headaches
 - (h) Blurred vision
 - (i) Shortness of breath or heart beating fast
 - (j) Pain with urination
 - (k) Chills and/or fever
 - (l) Leak or gush of fluid from your vagina
 - (m) Foul smelling vaginal discharge
- n. If Client/Patient has spotting, the Client/Patient is instructed to monitor and report changes in blood loss at home and continue to take the Progesterone per APR protocol as well as minimize activity until vaginal bleeding has stopped. The prescribing physician, midwife, nurse practitioner or physician assistant examines the Client/Patient within 72 hours of

initiation of protocol at the Center or in physician's office and provides continued care or refers with an OB/GYN for continuum of care.

- o. Ultrasound is provided every 1-2 weeks during the first trimester to confirm continued viability.

Abortion Pill Reversal Physician Standing Orders

1. Perform urine HCG.
2. Document Client/Patient history including age, DOB, gravida, parity, abortion, LMP, past obstetric history, past surgical history and Rh type.
3. Measure blood pressure and temperature. Contact Medical Director if vital signs are abnormal (provide specific range for abnormal).
4. Obtain and document patient's consent for reversal (Client Agreement Mifepristone, Client Agreement Mifepristone & Misoprostol or Client Agreement Methotrexate).
5. Perform trans-abdominal or trans-vaginal ultrasound to confirm intrauterine location, viability and dating. If ectopic pregnancy is not suspected, do not delay progesterone to obtain an ultrasound; however, arrange the ultrasound as soon as possible.
6. If ectopic pregnancy or incomplete abortion is suspected, call medical director immediately or send to the emergency department.
7. Determine whether Client/Patient has a peanut allergy.
8. If viable intrauterine pregnancy is presumed, begin progesterone therapy using (state one of the APR Progesterone Protocols – i.e., either oral, vaginal, or intramuscular). If Client/Patient has a peanut allergy, use intramuscular protocol. Do not prescribe Prometrium.
9. If the IM route is chosen, arrange follow up for progesterone in oil (200mg) administered on the following 2 days and beyond according to the APR protocol. Proper IM injection technique should be used.
10. Instruct patient to call 911, go to the emergency department or contact medical practitioner for fever, foul smelling discharge, fainting, significant bleeding or significant pain.

☐ These orders are approved as a standing order set.

OR

☐ These orders are to be approved verbally by a physician, PA or NP for each individual patient.

Signature: _____ Printed _____

Name: _____ Date: _____

Progesterone
**ABORTION PILL
RESCUE NETWORK™**
Protocols for the
**Attempted Reversal of Mifepristone
Oral Protocol**

1. Prometrium brand or progesterone generic micronized oral capsules 200 mg, two capsules (400 mg) by mouth ASAP and bedtime on day 1 (must be at least 5 hours apart). 200mg, two capsules (400 mg) AM and PM on day 2 and 3.
2. Continue progesterone 200mg, two capsules (400mg) at bedtime for a minimum of two weeks or according to your clinical judgment.

Vaginal Protocol (Capsules per vagina)

1. If the patient is unable to take oral capsules or intramuscular injections, consider vaginal administration of oral capsules Prometrium brand or progesterone generic micronized oral capsules 200 mg, two capsules (400 mg) inserted vaginally ASAP AND at bedtime day 1 (must be at least 5 hours apart). 200mg, two capsules (400 mg) AM and PM on day 2 and 3.
2. Continue progesterone 200mg, two capsules (400 mg) inserted vaginally daily at bedtime for a minimum of two weeks or according to your clinical judgment.

Intramuscular Protocol

1. Compounded progesterone in oil 200mg (100mg/ml or 50mg/ml) intramuscularly (IM) upper outer quadrant of gluteal muscle, slowly over 2-3 minutes as soon as possible after the ingestion of mifepristone.
2. Continue progesterone in oil, 200 mg IM once a day for two more days.
3. Continue progesterone in oil, 200mg IM every other day until day 14 after mifepristone ingestion.
4. Continue progesterone in oil, 200 mg IM twice a week for a minimum of two weeks or according to your clinical judgment.

Additional Instructions for the Reversal Provider:

- Do not prescribe Prometrium based in peanut oil if the patient is allergic to peanuts.
- If prescribing oral, prescribe enough for 1 week at a time with refills. One month's supply may be unaffordable if the patient's insurance doesn't cover.
- Provide ultrasound per Clinic Protocol as soon as possible to confirm embryonic viability and intrauterine location. If less than 6 weeks after LMP, consider monitoring serial HCG levels and simply do ultrasound at 6 weeks.
- If bleeding or cramping occurs and an intrauterine location of pregnancy has not been confirmed, treat as an ectopic pregnancy and appropriately refer until an intrauterine location is confirmed.
- For an ectopic pregnancy or an incomplete abortion, seek consultation as necessary.
- Provide an ultrasound every 1-2 weeks during the first trimester to confirm continued

viability.

- The physician, midwife, PA or NP who prescribes should see patient within 72 hours or ensure a plan for ongoing care.
- Providers should use their own professional judgement based on experience prescribing progesterone. Some providers have successfully prescribed 600 mg twice a day for two days, followed by 400 mg twice a day for two days and then 400 mg at bedtime. Other doctors, particularly in Europe have used even higher doses.

Reversal in Second and Third Trimester:

- If the patient has had laminaria inserted and been given mifepristone, but still has a living fetus, progesterone should be prescribed, the laminaria removed, and she should be evaluated for rupture of the membranes. The patient should also be assessed for the need for antibiotics, as laminaria will increase the chance for chorioamnionitis in a pregnancy that continues after their use.
- A minimum of two weeks of progesterone treatment is recommended in second and third trimesters of pregnancy for reversal of mifepristone. The individual prescribing provider should use his or her clinical judgement for dose and duration of progesterone treatment.

Treatment of Patients with Peanut Allergy

Note: Prometrium is made with peanut oil and cannot be prescribed to those with peanut allergy. The intramuscular route is acceptable for women with peanut allergies because the oil the Progesterone in the injectable solution is mixed with is ethyl oleate or sesame oil, not peanut oil. Some compounding pharmacies are able to offer oral progesterone without peanut oil on request.

Policy:

Clients/Patients with peanut allergies are not prescribed Prometrium capsules or generic Progesterone capsules in peanut oil.

Procedure:

- a. Prior to prescribing Progesterone, Clients/Patients are assessed by a medical professional for a peanut allergy.
- b. For Clients/Patients with peanut allergy, progesterone created without peanut oil is prescribed.

Prenatal Care Provider Communication

Note: If your center offers the Abortion Pill Reversal (APR) protocol, it is recommended that there be an open line of communication with the Client/Patient's Prenatal Care provider (if Prenatal Care is not provided in your center).

Policy:

For Clients/Patients attempting Abortion Pill Reversal, there is communication between (Center) and the Client's healthcare provider as needed for continuum of care.

Procedure:

- a. Upon initiation of Abortion Pill Reversal, the Client/Patient signs an "Authorization for Release of Health Information" which is witnessed by Center staff.
- b. Medical staff consults with the Prenatal Care provider to discuss any information needed regarding the Client/Patient's care for the pregnancy.

Providing Outcome Reports

Policy: All Outcome Reports are completed throughout the reversal process and then provided to Heartbeat International when the outcome of the pregnancy is determined. Outcome reports can be provided through NextLevel or emailed to followup@apr.life.

Procedure:

- a. Upon initiation of Abortion Pill Reversal, the Client/Patient signs an "Authorization for Release of Health Information" which is witnessed by Center staff.
- b. Through the reversal process, the Outcome Report is completed in full including dosages of progesterone, ultrasounds, summary of prenatal care, and birth outcomes.
- c. The Outcome Report is signed by the Medical Director who prescribed the reversal protocol.
- d. When it is determined the client's pregnancy has ended with a loss or delivery, the Outcome Report is completed, and information provided on NextLevel or emailed to Heartbeat International at followup@apr.life.

Authorization for Release of Health Information

I request that Health Information regarding my care and treatment be released as set forth on this form and in accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that:

1. I hereby authorize release of my information by in any secure manner, including via facsimile, e-mail, and telephonically.
2. I have the right to revoke this authorization at any time by writing to the healthcare providers listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
3. I am signing this authorization voluntarily. I understand that if I choose not to sign this form, I may still receive treatment and services.
4. Name and address of agencies to whom you are authorized to release information:

Heartbeat International
5000 Arlington Centre Blvd. Suite 2277
Columbus, OH 43220

5. Specific information to be released:

Medical Records
Progesterone Dosage and Administration Record During Prenatal Care
Laboratory Records of Progesterone Levels
Ultrasound Reports
Verification of Positive Pregnancy
APR Outcome Report
Other _____

6. Date or event on which this authorization is expire: One year after birth of child. All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of this form

Signed: _____ Date: _____

Printed Name: _____



APR Research and Statements of Support

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[Continuation of pregnancy after first-trimester exposure to mifepristone: an observational prospective study](#)

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[Pregnancy-associated mortality after birth, spontaneous abortion, or induced abortion in Finland, 1987-2000](#)

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Mifepristone Reversal

[A case series detailing the successful reversal of the effects of mifepristone using progesterone](#)

[Embryo Survival after Mifepristone: A Systematic Review of the Literature](#)

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Statements of Support



A PO Box 65136, RPO Merivale
Nepean ON K2G 5Y3
PH / FX 613.728.LIFE (5433)
E info@physiciansforlife.ca
W WWW.PHYSICIANSFORLIFE.CA

Dear Colleague,

Thank you for seeing this patient. She has taken mifepristone, the first part of the two-step Mifegymiso medical abortion drug protocol.

She has decided that she would like to reverse the effects of mifepristone to attempt to stop the medical abortion process.

Provided that she has not taken the second medication, misoprostol, and provided that it has been less than 72 hours since she took the first medication, you can help her do just that, easily and safely.

She needs supplemental progesterone to counter the effects of mifepristone, which is a progesterone receptor antagonist. Neither progesterone nor mifepristone has been associated with any birth defects.¹

Progesterone Protocols Based on Published Data

Based on these new data, two reasonable preferred protocols can be suggested for women who seek to reverse the effects of mifepristone. (An information sheet on the protocol is attached.)

1. Progesterone micronized 200 mg capsule two by mouth as soon as possible and continued at a dose of 200 mg capsule two by mouth twice a day for three days, followed by 200 mg capsule two by mouth at bedtime until the end of the first trimester.

2. Progesterone 200 mg intramuscular as soon as possible and continued at a dose of 200 mg intramuscular once a day on days two and three, then every other day for a total of seven injections.²

If the patient does nothing and does not take the second medication, embryo survival is about 25%.³ If she is given the above regimen of progesterone, the rate of survival increases to approximately between 55-70%.⁴

Your help is invaluable, but time is of the essence, so please do not delay.

If you require more information, there exists an information line on the medical abortion reversal procedure at 1-877-558-0333. Phones are answered seven days a week.

Sincerely,

The Board of Directors

Canadian Physicians for Life

¹ Progesterone. <https://www.asrm.org/detail.aspx?id=1881> (accessed December 3, 2016). Progesterone package insert. <https://www.drugs.com/pro/progesterone-capsule.html>. (accessed December, 3, 2016).

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Committee on Practice Bulletins. This document was developed by the Practice Bulletin Committee to provide evidence for pro-life practice. Because of the gravity of issues addressed by AAPLOG, variation in practice regarding matters of fetal life should be undertaken only after serious consideration of the literature cited by this document.

PRACTICE BULLETIN 6

Number 6 November 16, 2019

The Reversal of the Effects of Mifepristone by Progesterone

Some women who take mifepristone, a progesterone receptor antagonist, in order to terminate their pregnancies, change their minds and desire to stop the medical abortion process before taking the second component, misoprostol. The purpose of this document is to summarize the medical literature regarding the use of progesterone for competitive reversal of the effects of mifepristone at the level of the progesterone receptor, and the application of this basic principle of toxicology in women who change their mind about abortion after taking mifepristone.

Background

Mifepristone abortion background

Medical induced abortion utilizing mifepristone and misoprostol has been available in the United States since 2000. In 2014, 31% of non-hospital induced abortions were medical induced abortions.¹ The 2016 FDA protocol for the mifepristone abortion regimen involves the administration of mifepristone 200 mg orally as a single dose, which leads to embryonic or fetal demise, followed 24-48 hours later by misoprostol 800 mcg buccally as a single dose, which stimulates myometrial contractions. The protocol is approved up to 70 days after the first day of the last menstrual period.² Misoprostol is part of the protocol because mifepristone alone has an incomplete abortion rate of 20-40%, defined as incomplete expulsion of the uterine contents.³ By blocking progesterone receptors, mifepristone leads to the separation of the decidua basalis from the trophoblast. This separation is the primary embryocidal and fetocidal effect of mifepristone.^{4,5,6} Additionally, mifepristone causes softening and dilatation of the cervix.⁷ It also leads to myometrial contractions, increased myometrial sensitivity to prostaglandins^{8,9} and the disinhibition of prostaglandin synthesis by the myometrium.¹⁰ Progesterone has an autoregulatory effect on progesterone synthesis by the corpus luteum.

Mifepristone blockade of progesterone receptors within the corpus luteum itself decreases progesterone secretion by the corpus luteum.¹¹ Mifepristone blockade of progesterone receptors is a reversible competitive inhibition.¹² Some women who take mifepristone, a progesterone receptor antagonist, in order to terminate their pregnancies, change their minds and desire to stop 2 Practice Bulletin No. 6

the medical abortion process before taking the second component, misoprostol.¹³

Evidence for Efficacy of Progesterone Reversal of Mifepristone Receptor Blockade

There is pharmacological, animal and human data supporting the effects of mifepristone blockade of progesterone receptors in women who wish to provide an increased chance of embryo survival after ingestion of mifepristone.

1) Biological Feasibility.

It is a fundamental principle of biochemistry that competitive inhibitors (like mifepristone) that replace and block out substrates (like natural progesterone) may be thwarted if there is enough substrate around.

“The inhibitor creates a

competing equilibrium to that of the substrate (S), removing a fraction of the enzyme to an inactive form. Adding more substrate will yield more of the active enzyme substrate (ES) form.”¹⁴ This basic medical principle is also the foundation of leucovorin “rescue” after treatment of cancer with methotrexate.

In the case of leucovorin “rescue” leucovorin (also known as the vitamin “folinic acid”) out-competes the inhibitor, which is methotrexate.¹⁵

Mifepristone was studied and developed as an abortifacient precisely because it antagonizes progesterone, competing for the progesterone receptor. It is well known that, in a biological system, increasing the concentration of a ligand will result in that molecule preferentially binding to the receptor compared to other molecules with similar receptor affinity.

2) Mifepristone Pharmacology

Mifepristone is a reversible, competitive antagonist of progesterone at the progesterone receptor (PR). It binds to the PR about twice as avidly as progesterone.¹⁶ Mifepristone is an orally

active compound with a nearly 70% absorption rate, but its bioavailability is reduced to approximately 40% because of the first-pass effect.¹⁷ It is absorbed better with food than on an empty stomach. After metabolism by the CYP3A4 enzyme, three metabolites retain biologic activity. The half-life of mifepristone is about 18-25 hours. Mifepristone and its metabolites can be measured up to 72 hours after an ingested dose.^{18,19} Progesterone’s half-life is approximately 25-55 hours.^{20,21}

The reversibility of mifepristone blockade of glucocorticoid nuclear receptors (GR) was clearly demonstrated by National Institutes of Health (NIH) researchers investigating mifepristone reversible binding of the glucocorticoid receptor. Sternberg reviewed multiple studies showing that the blockade of mifepristone at the glucocorticoid receptor is reversible by administration of additional glucocorticoids.^{22,23}

The reversibility of mifepristone binding to progesterone receptors (PR) is supported by the basic pharmacological research conducted by the manufacturer.²⁴ It shows the rate at which RU486 could be removed from the progesterone receptor, clearly demonstrating that mifepristone’s blockade of progesterone receptors is reversible—not permanent—and that high concentrations of progesterone will reverse the binding of mifepristone at the progesterone receptor.

3) Mifepristone abortion reversibility in animal models

Investigation of progesterone reversal of mifepristone abortion in a pregnant animal model demonstrated clearly that mifepristone blockade of Practice Bulletin No. 63

progesterone receptors can be overcome by the administration of additional natural progesterone.²⁵ In that study, Yamabe separated pregnant rats into three groups. The first group received no drugs, the second group was given mifepristone, and the third group was given mifepristone followed by natural progesterone. 100% of the no-drug group delivered live offspring. Only 33.3% of the mifepristone-only group delivered live offspring. In the mifepristone and then progesterone group, 100% delivered live offspring.

Furthermore, the mifepristone group had characteristic mifepristone induced changes in the myometrium and ovaries; the group that received the mifepristone plus progesterone had no such changes. Yamabe also examined the clearance rate of mifepristone. In the rats given mifepristone alone, the level of progesterone in the blood began to decrease at 48 hours and continued to decrease at 72 hours. In contrast, where mifepristone was followed by progesterone the progesterone levels were the same at 72 hours as the control group which received no mifepristone.

4) Human data on embryo survival after mifepristone alone.

A systematic review of documented embryo survival by ultrasound after mifepristone alone was performed by analyzing published research during the time before prostaglandins were added to the mifepristone regimen. Davenport conducted a systematic review of published studies that met inclusion criteria of a documented living embryo after mifepristone ingestion without subsequent misoprostol or other prostaglandin. The analysis concluded that a documented living embryo or fetus after mifepristone alone was at most 23%.²⁶

Grossman 2015 reviewed survival rate after mifepristone alone and claimed a survival rate after mifepristone alone at 40%.²⁷ However, this review included studies which did not actually document embryo survival, but used instead numbers of “incomplete abortions” (i.e. retained products of conception). Inclusion of studies which did not document a living fetus results **in falsely elevating the survival rate after mifepristone alone**. Thus the Grossman study cannot be relied upon to give an estimate of actual living embryo survival, but rather **provides a rate of “mifepristone failures”**, some of which include embryo survival, and others which include simply retained products of conception.

5) Human data on embryo survival after mifepristone followed by natural progesterone

2012 Delgado

Delgado 2012²⁸ reported a small case series of six women who changed their minds about abortion after taking mifepristone, and sought help to enhance the chances that their embryo would survive the attempted abortion with mifepristone. Of the six women given natural progesterone, four of those women went on to complete delivery of live born infants. No malformations were observed in the children.

2016 Garrett

In a small case series from Australia, Garrett reported the results of three women who attempted to increase their chances of embryo survival after ingesting mifepristone by using natural progesterone. Two out of these three women who attempted reversal with progesterone delivered live, healthy neonates.²⁹ 4 Practice Bulletin No. 6

2018 Delgado

In a much larger 2018 retrospective chart review, Delgado reviewed the records of 754 patients who decided to attempt to reverse the medical abortion process after taking mifepristone but before taking misoprostol, by administration of natural progesterone within 72 hours of the mifepristone ingestion. Two-hundred fifty-seven births after reversal were found. An historic control rate of 25% embryo or fetal survival after mifepristone exposure, if no treatment was offered, was used as the comparator. The overall reversal rate was 48% ($p < 0.001$). With the high dose oral protocol, the reversal rate was 68% ($p < 0.001$); the rate with the injection protocols was 64% ($p < 0.001$).³⁰

As a historical comparator, Delgado used a 25% survival rate with mifepristone alone, which was actually higher than the maximum survival rate determined by the historical review by Davenport. Despite comparing with a higher survival rate, Delgado demonstrated a statistically significant survival over mifepristone alone.

Dr. Delgado and his co-authors also analyzed their results by gestational age at the time of reversal attempt and found that the success rate increased with increasing gestational age.

In addition, Dr. Delgado and his co-authors analyzed the interval of time between mifepristone injection and progesterone administration and found that success rates were the same as long so the progesterone was given within 72 hours of the use of mifepristone. This is consistent with what we know about mifepristone, which is that it takes several days to act and thus does not kill the embryo immediately. This finding is also consistent with the Yamabe

study, which found that in the rats given mifepristone alone, the level of progesterone in the blood began to decrease at 48 hours and continued to decrease at 72 hours. In contrast, where mifepristone was followed by progesterone the progesterone levels were the same at 72 hours as the group which had not received anything. Safety analysis revealed no increase of birth defects when compared to the general population which is consistent with other studies which have found no increase in malformation rate over the general population in infants who are born after exposure to mifepristone in utero.^{31,32} In addition, Dr. Delgado found that the preterm delivery rate was 2.7%, as compared to the 10% of preterm births in the general population.

2019 Creinin

A recent study by Creinin,³³ which was halted for safety considerations, found a similar survival rate after mifepristone plus progesterone as the original small case series of Delgado in 2012.

In the control arm of the study, six women were given mifepristone plus placebo. The results were compared to six women who received mifepristone plus progesterone in the regimen recommended by Delgado. One woman in each arm withdrew. Of the remaining five women in each arm, four of the five women who received progesterone (80%) had living fetuses at the 2 week follow up as documented by ultrasound prior to their surgical abortion. 1 of the 5 (20%) women who received progesterone self-referred to the ER for heavy bleeding but was found to have completely passed the fetus and thus she did not require a D&C as the bleeding had stopped after passage of tissue. No further treatment was required. Practice Bulletin No. 65

In contrast, **in the placebo group which received only mifepristone**, 2 of the 5 women (40%) in the mifepristone alone group had severe hemorrhage requiring emergency D&C and one of those women also required a blood transfusion. It was **due to the severe hemorrhage in the mifepristone alone group, not the progesterone group, that the study was halted**. Of note, 2 of the 5 women (40%) in the mifepristone alone arm had ongoing pregnancies at follow up.

Evidence for the safety of natural progesterone treatment in pregnancy.

Natural progesterone has routinely been given to women during pregnancy for over 50 years and is in fact standard of care after in-vitro fertilization (IVF). The IVF industry has concluded that there is no increased risk from natural progesterone supplementation in early pregnancy.^{34,35} Natural progesterone is commonly used to supplement hormonal deficiency in at-risk early pregnancies.³⁶ Reported association of artificial progesterone like compounds (progestins) with hypospadias occurring in the male infants born to women who used progestins during pregnancy do not apply to natural progesterone, which has a long and demonstrated safety record in pregnancy. There is no evidence after decades of use for luteal support in IVF that natural progesterone has ever been shown to increase the risk of birth defects.

Further reassurance is derived from the large retrospective review of Delgado which showed no increased risk of birth defects in 257 births after abortion pill reversal,³⁷ and in the two studies demonstrating no increase in malformation rate in live births after mifepristone without progesterone.^{38,39}

In summary, using natural progesterone to counter the effects of ingested mifepristone is logical, and founded on basic principles of biochemistry, animal studies, and analysis of human experience. Given the long history of progesterone use in pregnancy, the established safety of progesterone use in early pregnancy for both the mother and her fetus in IVF pregnancies, the known ability of progesterone to counteract the abortive effects of mifepristone in animal models, and the actual evidence in humans of the efficacy and safety of abortion pill reversal, it is reasonable to offer this treatment to women who

desire to give their fetus increased chances for survival after ingestion of mifepristone.

Clinical Considerations and Recommendations

Q Who is a candidate for Abortion Pill Reversal attempt?

Mifepristone reversal with progesterone is indicated in a woman who has an intrauterine pregnancy, has taken mifepristone but not misoprostol and desires to halt the medical abortion process.

Q Who is not a candidate for Abortion Pill Reversal attempt?

Mifepristone reversal with progesterone is contraindicated in a woman with ectopic pregnancy, nonviable embryo or fetus, septic abortion, hemodynamic compromise or allergy to progesterone. Oral micronized progesterone in peanut oil is contraindicated in women with peanut allergy, unless cleared by an allergist. 6 Practice Bulletin No. 6

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² Medication Guide, Mifeprix. www.fda.gov/downloads/drugs/drugsafety/ucm088643.pdf (accessed November 19, 2016).

³ Creinin, M, Gemzell Danielsson, K. Chapter 9, Medical abortion in early pregnancy, in *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Published Online: 22 May 2009 DOI:10.1002/9781444313031.ch9

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Summary of Recommendations and Conclusion

The following recommendations are based on good and consistent scientific evidence (Level A):

Some women change their minds after starting the mifepristone abortion process and wish to reverse the effects of mifepristone to stop the medical abortion. The current research suggests that using progesterone to counter the effects of mifepristone and stop the abortion process is both safe and effective. Since there is no alternative treatment for women who change their minds, it is reasonable to offer this life-saving and life-changing treatment to women who desire to increase the chances of pregnancy survival.

Utilizing the data from the 2018 Delgado study, two protocols can be recommended for women who change their minds after taking mifepristone and want to halt the medical abortion process.(11)

1. High Dose Oral Protocol

Progesterone micronized 200 mg capsule two by mouth as soon as possible and continued at a dose of 200 mg capsule two by mouth twice a day for three days, followed by 200 mg capsule two by mouth at bedtime until the end of the first trimester.(11) Oral progesterone should be taken with food to improve absorption.

2. Intramuscular Protocol

Progesterone 200 mg intramuscular as soon as possible and continued at a dose of 200 mg intramuscular once a day on days two and three, then every other day for a total of seven injections. Some clinicians may choose to continue intramuscular treatment longer since this recommendation is based on relatively small numbers.(11)

A sonogram should be obtained as soon as possible to confirm intrauterine location, viability and gestational age. If ultrasonography is not immediately available, treatment should not be delayed unless there is suspicion of an ectopic pregnancy, septic abortion or other complication that requires immediate gynecologic attention in a hospital or similar setting.

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2019 AAPLOG Position Statement on Abortion Pill Reversal

Some women change their mind about abortion after taking the first drug of the abortion regimen. For those women, Abortion Pill Rescue offers a medically sound choice to attempt to reverse the effects of Mifepristone, and to save their baby. The American Association of Pro-Life Obstetricians and Gynecologists strongly supports efforts to require all women presenting for abortion to be given information about abortion pill reversal as part of informed consent prior to abortion.

Biological Background on the Chemical Abortion Regimen and Abortion Pill Reversal

The chemical abortion regimen consists of two drugs: Mifeprex (a.k.a. mifepristone or RU-486) and Cytotec (misoprostol). Mifeprex is the first drug developed in a class of drugs called “selective progesterone receptor blockers”. This class also includes Ella (ulipristal) and onapristone among others. Mifeprex is the first drug approved by the FDA for inducing abortion. However, Mifeprex by itself is only effective at accomplishing embryo demise about 75% of the time¹.

So, roughly one out of four women who take Mifeprex alone will have an unborn child in utero who continues to live. So, in order to increase the number of women who complete the abortion, a second drug, Cytotec (misoprostol), is administered to the woman. Cytotec is of the class of drugs known as prostaglandins.

Other prostaglandins can also be used for this purpose (e.g. gemeprost) Prostaglandins cause the uterus to contract, forcing the expulsion of the unborn child and placenta.

How often a chemical abortion fails to kill the unborn child and cause complete expulsion of the pregnancy, and what side effects and complications a woman may experience during and after chemical abortion depends on four things: 1) the gestational age of the woman, 2) the dose of Mifeprex, 3) the dose of Cytotec given, and 4) the way in which the woman takes the Cytotec (by swallowing, by placing it in her vagina, or by placing it in her cheek and letting it dissolve.) The deaths from overwhelming infection after using chemical abortion have been after the use of Cytotec in the vagina, or by dissolving it in her cheek.² The most accurate study to date, of 42,000 women who underwent surgical or chemical abortion demonstrated a four times higher rate of serious complications from chemical abortion as compared to surgical abortion.³ The further along in pregnancy a woman is when she attempts a chemical abortion, the higher the complication rate, as well

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compared with Surgical Termination of Pregnancy, OBSTET. GYNECOL. 114:795-804 (Oct. 2009), illustrated by a study looking at the complication rate from chemical abortion for different gestational ages.⁴

The way in which Mifeprex works to kill the unborn child is by blocking a natural pregnancy hormone called progesterone. Progesterone is produced by the mother's body to allow her womb to grow the placenta- the organ needed to provide nourishment to the baby. Mifeprex blocks the action of progesterone on a woman's womb. When Mifeprex blocks progesterone, the placenta deteriorates and can no longer provide nourishment to the baby.

However, during the development of Mifeprex, it was clearly demonstrated that Mifeprex is a REVERSIBLE blocker of progesterone.⁵ That means that if one blocks progesterone with Mifeprex, the Mifeprex the blockade can be overcome by administering more natural progesterone, which kicks the Mifeprex off of the progesterone receptor and nullifies the effects of Mifeprex blockade. This fact was clearly demonstrated in **Animal experiments**.

The development of mifepristone as an abortifacient was based on its mechanism as a reversible progesterone receptor antagonist; using progesterone to counteract the effect of mifepristone is the logical extension of simple principles of toxicology and poison control. This is the same scientific principle which is behind the use of an antitoxin for poisoning. If a poison acts by blocking a certain

biological receptor, and if the administration of another medication will remove the poison from the receptor, then it is clear that the antidote for the poisoning is to administer the drug which will remove the poison from the receptor. In the case of Mifeprex, (the poison), the specific antidote is the natural hormone progesterone, which removes Mifeprex from the cellular progesterone receptor.

By giving a woman progesterone, the Mifeprex abortion can be stopped and the chances of the baby surviving increase from 25% (the survival rate without natural progesterone) to 68% (the average survival rate after giving natural progesterone). This is a significantly increased chance of the baby surviving the attempted chemical abortion after Mifeprex. For women who change their mind after starting a chemical abortion, the administration of progesterone can give her a real hope of saving her unborn child.

The natural hormone progesterone has been used for over 40 years in the IVF industry, to help women carry pregnancies after the embryo is transferred into her womb. There is a very long and solid history of safety of the use of natural progesterone in pregnancy.⁶ Natural progesterone use in pregnancy for the last 50 years has not been associated with any increased risk of any birth defects. Mifepristone alone has also not, to date, been demonstrated to have any increased risk of birth defects. Thus, to date there does not appear to be any risk of birth defects to the unborn child from abortion pill reversal. And, abortion pill reversal offers another reproductive choice for women facing the abortion decision.

⁴ Mentula, Maarit, Niinimäki M, Suhonen S., Hemminki E, Gissler M, and Heikinheimo O. "Immediate adverse events

after second trimester medical termination of pregnancy: results of a nationwide registry study". Human Reproduction

(0)(0) p 1-6 2011.

⁵ Davenport M, Delgado G, Harrison M, Khau V. Embryo Survival after Mifepristone: A Systematic Review of the Literature.

Issues in Law & Medicine, Volume 32, Number 1, 2017. Available at

<https://issuesinlawandmedicine.com/product/davenport-embryo-survival-after-mifepristone-a-systematic-review-of-the-literature/>.

⁶ American Society of Reproductive Medicine Practice Committee. Progesterone supplementation during the luteal phase

and in early pregnancy in the treatment of infertility: an educational bulletin. Fertil Steril 2008;89:789–92. Available at:

[https://www.fertstert.org/article/S0015-0282\(08\)00253-7/pdf](https://www.fertstert.org/article/S0015-0282(08)00253-7/pdf) (last visited 2019 Feb 19). See p 791 at Risks:

“The weight of available evidence suggests that progesterone supplementation in early pregnancy poses no significant risk

to mother and fetus” and “Controlled studies have shown no increased incidence in congenital anomalies, including genital

abnormalities in male and female infants, resulting from maternal exposure to P (progesterone) during early pregnancy.”

Abortion Pill Reversal Case Series

A new case series⁷, authored by AAPLOG members George Delgado M.D. and Mary Davenport M.D., demonstrates that Mifeprex abortions can be reversed by administration of natural progesterone. The study, looked at 261 successful mifepristone reversals and demonstrated that the reversal success rates were 68% with the high-dose oral progesterone protocol and 64% with the injected progesterone protocol; both were significantly better rates than the 25% survival rate if no treatment is offered. These

survival rates are statistically significant ($p < 0.001$). There was no increased risk of birth defects or preterm births when compared to the normal population.

The American Association of Pro-Life Obstetricians and Gynecologists strongly supports laws which require women to be informed of the option of Abortion Pill Rescue as part of a woman’s right to informed consent prior to abortion.

Life. It’s why we are here.

AAPLOG | PO BOX 395 Eau Claire, MI 49111-0395 | www.AAPLOG.org

⁷ Delgado G, Condly S, Davenport M, Tinnakornsrisuphap T, Mack J, Khauv V, Zhou P. A Case Series Detailing the Successful

Reversal of the Effects of Mifepristone Using Progesterone Issues in Law & Medicine, Volume 33, Number 1, 2018 available

at <http://issuesinlawandmedicine.com/wp-content/uploads/2018/04/Effects-of-Mifepristone-Article-6.pdf>



April 4, 2018

New Abortion Pill Reversal Study Shows a 68% Success Rate Authors Include Catholic Medical Association Members

*Progesterone Protocol Offers Second Chance for Women Who Change Their Minds
After Beginning the Medical Abortion Procedure*

PHILADELPHIA, PA – APRIL 4, 2018 – A new medical study looking at the use of progesterone to reverse mifepristone (RU-486) medical abortions is being published in the peer-reviewed medical journal, *Issues in Law and Medicine*. Women who change their minds after taking mifepristone, the first drug in the medical abortion process, now have a safe and effective way to reverse their medical abortions.

Progesterone is the hormone essential to the maintenance of a normal, healthy pregnancy. Mifepristone acts as a progesterone receptor blocker. In the United States, 30 to 40% of all abortions are medical abortions.

The study, examined 261 successful mifepristone reversals, that showed the success rates were 68% with the high-dose oral progesterone protocol and 64% with the injected progesterone protocol; both were significantly better rates than the 25% survival rate if no treatment is offered. There was no increased risk of birth defects or preterm births.

Progesterone has been used safely in pregnancy for over 40 years. The authors included Catholic Medical Association (CMA) members George Delgado, M.D. and Mary Davenport, M.D., who have been studying reversing the effects of mifepristone since 2009.

“Women who change their minds after starting a medical abortion now have a second chance at choice,” using progesterone to reverse the effects of mifepristone is effective and does not increase the risks of birth defects,” said Dr. Delgado.

One patient wrote of the reversal, “It changed my entire world by helping me that night. This is the best feeling in the world and nothing else matters. Thank you.”

Dr. Delgado is the medical director of Culture of Life Family Services in San Diego, CA. Dr. Davenport is the Medical Director of Magnificat Maternal Health; she is based in El Sobrante, CA.

For more information on the study follow the link: <http://issuesinlawandmedicine.com/Delgado-Article>

Women who decide to attempt a reversal of a medical abortion process please visit www.abortionpillreversal.com.

The Catholic Medical Association is a national, physician-led community of over 2,400 healthcare professionals consisting of 103 local guilds. CMA's mission is to inform, organize, and inspire its members, in steadfast fidelity to the teachings of the Catholic Church, to uphold the principles of the Catholic faith in the science and practice of medicine.

Susanne LaFrankie, MA
Director of Communications
Catholic Medical Association
Bala Cynwyd, PA 19004
C: 609-868-2005
W: 484-270-8002 x. 16

EXHIBIT 13

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493201010023

Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 135 of 664

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
National Institute of Family and Life Advocates

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

10333 Southpoint Landing BLVD

City or town, state or province, country, and ZIP or foreign postal code
Fredericksburg, VA 22407

F Name and address of principal officer:
Thomas Glessner
10333 Southpoint Landing BLVD
Fredericksburg, VA 22407

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ nifla.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993

M State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Attached Statement

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶63,123

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

7

7

10

0

0

1,251,805

0

0

693,089

0

1,338,220

-86,415

189,478

52,994

136,484

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

2023-05-11

Date

Thomas Glessner, President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN P01279326

Firm's name ▶ MORROW PC

Firm's EIN ▶ 20-4621255

Firm's address ▶ 8665 SUDLEY RD 230

MANASSAS, VA 20110

Phone no. (571) 331-0348

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Exhibit - 13

Part III **Statement of Program Service Accomplishments**

Document 30-1

Filed 11/04/24

Page 136 of 664

Check if Schedule O contains a response or note to any item in this Part III ☐

Page ID #: 1163

1 Briefly describe the organization's mission:

0

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 1,148,064 including grants of \$ 0) (Revenue \$ 1,251,805)
See Additional Data	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

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4d	Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)	Exhibit - 13

4e	Total program service expenses ▶	1,148,064
-----------	---	-----------

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Exhibit

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 14
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Exhibit - 13

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders				11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				15	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				16	
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.				17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 1 through 10 below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ VA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) AGO – Connolly – 140

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Exhibit - 13

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ Thomas Glessner 10333 Southpoint Landing BLVD Fredericksburg, VA 22407 (540) 372-3930

☐

See the instructions for the order in which to list the persons above.

[illegible]

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								167,788	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•	AGO – Connolly – 142	
	Exhibit – 13	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b	368,151		
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	355,381		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f	723,532			
Program Service Revenue	2a	Training	Business Code			
			611430	485,229	0	0
	b	Materials	611430	43,044	0	0
	c					
	d					
	e					
	f	All other program service revenue.				
g	Total. Add lines 2a-2f.	528,273				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Net income or (loss) from sales of inventory				
11a	Miscellaneous Revenue	Business Code				
b						
c						
d	All other revenue			• AGO – Connolly – 143		
e	Total. Add lines 11a-11d	Exhibit - 13				
12	Total revenue. See instructions	1,251,805	528,273	0	0	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	167,788	167,788	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	456,968	303,214	117,795	35,959
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	20,061	20,061	0	0
10 Payroll taxes	48,272	36,624	8,924	2,724
11 Fees for services (non-employees):				
a Management	40,982	40,982	0	0
b Legal				
c Accounting	17,009	17,009	0	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	136,805	136,805	0	0
12 Advertising and promotion	3,473	3,473	0	0
13 Office expenses	19,760	19,760	0	0
14 Information technology	13,041	13,041	0	0
15 Royalties				
16 Occupancy	64,081	64,081	0	0
17 Travel	27,745	27,745	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	180,402	180,402	0	0
20 Interest	2,796	2,796	0	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,315	3,315	0	0
23 Insurance	2,724	2,724	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank and Merchant Fees	19,966	19,652	314	0
b Dues and Memberships	7,556	7,556	0	0
c Direct Mail	24,381	0	0	24,381
d Postage and Delivery	14,435	14,435	0	0
e All other expenses	66,660	66,601	0	59
25 Total functional expenses. Add lines 1 through 24e	1,338,220	1,148,064	127,033	63,123
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Exhibit - 13

Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		240,457	1	161,109	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4	8,631	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		17,446	9	2,670	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,371			
	b	Less: accumulated depreciation	10b	2,503	2,439	10c	13,868
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,035	15	3,200	
16	Total assets. Add lines 1 through 15 (must equal line 33)		264,377	16	189,478		
Liabilities	17	Accounts payable and accrued expenses		35,351	17	46,538	
	18	Grants payable			18		
	19	Deferred revenue			19	950	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	5,506	
	26	Total liabilities. Add lines 17 through 25		35,351	26	52,994	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		229,026	27	136,484	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		229,026	32	136,484		
33	Total liabilities and net assets/fund balances		264,377	33	189,478		

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Exhibit - 13

Part XI Reconciliation of Net Assets

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,251,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,338,220
3	Revenue less expenses. Subtract line 2 from line 1	3	-86,415
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	229,026
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-8,257
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,130
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	136,484

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Page ID #: 1174

Software ID: 22015534

Software Version:

EIN: 54-1673492

Name: National Institute of Family and Life Advocates

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Form 990 (2022)

Exhibit - 13

Form 990, Part III, Line 4a:

See Attached Statement

Name of the organization

National Institute of Family and Life Advocates

Employer identification number

54-1673492

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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					Exhibit	13
Total						0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i) and 220(a)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	698,272	820,842	726,373	658,918	723,532	3,627,937
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	698,272	820,842	726,373	658,918	723,532	3,627,937
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						0
6	Public support. Subtract line 5 from line 4.						3,627,937

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4. . .	698,272	820,842	726,373	658,918	723,532	3,627,937
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						0
11	Total support. Add lines 7 through 10						3,627,937
12	Gross receipts from related activities, etc. (see instructions)						12
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14 100.000 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15 100.000 %
16a	33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Part II Public Support Schedule for Organizations Described in Section 502(a)(2)

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(Complete only if you checked the box on line 10 of Part I, or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.). .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017.		
b	From 2018.		
c	From 2019.		
d	From 2020.		
e	From 2021.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

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Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization
National Institute of Family and Life Advocates

Employer identification number
54-1673492

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐

Preservation of land for public use (e.g., recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1

► Exhibit - 13

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings				
c Leasehold improvements			• AGO – Connolly – 157	
d Equipment		16,371	2,503	13,868
e Other			Exhibit - 13	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,868

Part VIIInvestments - Other Securities.

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIIIInvestments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IXOther Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part XOther Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Deferred Free Rent	5,506
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	5,506

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 13

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

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Exhibit - 13

Return Reference

Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization National Institute of Family and Life Advocates	Employer identification number 54-1673492
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Page ID #: 1189

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Schedule J (Form 990) 2022

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493201010023
Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 163 of 664		MB No. 1545-0047	
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ		2022
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		
	▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.		
Department of the Treasury Internal Revenue Service		Open to Public Inspection	

Name of the organization National Institute of Family and Life Advocates	Employer identification number 54-1673492
---	--

990 Schedule O, Supplemental Information	
Return Reference	Explanation
Pt XII, Line 1	Switched methods from cash to accrual. Wrong box was marked in the previous year.

• AGO – Connolly – 163
Exhibit - 13

Return Reference	Explanation
Pt VI, Line 2	Thomas and Laura Glessner are married.

990 Schedule O, Supplemental Information

Case 2:24-cv-08468-HDV-MAR

Document 30-1

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Return Reference	Explanation
Pt VI, Line 11b	A copy of the 990 is reviewed and approved by the board before filing.

Page ID #: 1192

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Exhibit - 13

Return Reference	<div> <div> <div>Page ID #: 1193</div> <div>Explanation</div> </div> <div> <div>•</div> <div>AGO – Connolly – 166</div> </div> </div>
Pt VI, Line 12c	<div> <div>Annually, the board reviews the conflict of interest policy and any conflicts of interest that may exist.</div> <div>Exhibit - 13</div> </div>

Return Reference	<div> <div>Page ID #: 1194</div> <div>Explanation</div> <div>• AGO – Connolly – 167</div> </div>
Pt VI, Line 15a	<div> <div>The process for determing compensation includes the review and approval process as stated in Part VI Line 15.</div> <div>Exhibit - 13</div> </div>

Return Reference	Explanation
Form 990, Part IX, Line 11g	<div>Media Consultant 55775. 55775.</div> <div>Exhibit - 13</div>

• AGO – Connolly – 168

Return Reference	Explanation
Form 990, Part IX, Line 11g	<div data-bbox="3610 435 3698 481">•</div> <div data-bbox="3989 414 5037 518">AGO – Connolly – 169</div> <div data-bbox="4455 642 5037 745">Exhibit - 13</div>

Return Reference	Explanation
Form 990, Part IX, Line 11g	<div data-bbox="3610 435 3698 481">•</div> <div data-bbox="3989 414 5037 518">AGO – Connolly – 170</div> <div data-bbox="4455 642 5037 745">Exhibit - 13</div>

EXHIBIT 14

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization National Institute of Family and Life Advocates		D Employer identification number 54-1673492	
		Doing business as		E Telephone number (540) 372-3930	
		Number and street (or P.O. box if mail is not delivered to street address) 10333 Southpoint Landing BLVD		Room/suite	
		City or town, state or province, country, and ZIP or foreign postal code Fredericksburg, VA 22407		G Gross receipts \$ 1,082,230	
		F Name and address of principal officer: Thomas Glessner 10333 Southpoint Landing BLVD Fredericksburg, VA 22407		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ nifla.org					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993		M State of legal domicile: VA	

Part I	Summary
--------	---------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Attached Statement		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	726,373	658,918
	9 Program service revenue (Part VIII, line 2g)	228,801	422,681
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	631
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	955,174	1,082,230
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	529,677	581,072
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,347		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	384,179	555,838
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	913,856	1,136,910
	19 Revenue less expenses. Subtract line 18 from line 12	41,318	-54,680
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		167,815	264,377
21 Total liabilities (Part X, line 26)		13,396	35,351
22 Net assets or fund balances. Subtract line 21 from line 20		154,419	229,026

Part II	Signature Block
---------	------------------------

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">*****</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of officer</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Thomas Glessner President</div> <div style="border-bottom: 1px solid black;">Type or print name and title</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">2022-05-06</div> <div style="border-bottom: 1px solid black;">Date</div>
------------------	---	---

Paid Preparer Use Only	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Print/Type preparer's name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Firm's name ▶ MORROW PC</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Firm's address ▶ 8665 SUDLEY RD 230 MANASSAS, VA 20110</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Preparer's signature</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Check <input checked="" type="checkbox"/> if self-employed</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">PTIN P01279326</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Firm's EIN ▶ 20-4621255</div> <div style="border-bottom: 1px solid black;">Phone no. (571) 331-0348</div>
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Part III **Statement of Program Service Accomplishments**

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Check if Schedule O contains a response or note to any line in this Part III

☐

1 Briefly describe the organization's mission:

See Attached Statement

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 980,765 including grants of \$ 0) (Revenue \$ 1,082,230) See Additional Data
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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses ▶	980,765
----	----------------------------------	---------

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

AGO – Connolly –

Exhibit - 14

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 1175
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Exhibit - 14

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	VA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	AGO - Connolly - 177
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	Exhibit - 14
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Thomas Glessner 10333 Southpoint Landing BLVD Fredericksburg, VA 22407 (540) 372-3930	

7

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- See the instructions for the order in which to list the persons above.

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	140,225	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
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	Exhibit 14	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b	370,740				
	c	Fundraising events . . .	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	288,178				
	g	Noncash contributions included in lines 1a - 1f:\$	1g	4,050				
	h	Total. Add lines 1a-1f ▶	658,918					
Program Service Revenue			Business Code					
	2a	Training	611430	381,578	0	0		
	b	Materials	611430	41,103	0	0		
	c							
	d							
	e							
	f	All other program service revenue.						
g	Total. Add lines 2a-2f. ▶	422,681						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶					
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
			b	Less: direct expenses	8b			
			c	Net income or (loss) from fundraising events . . . ▶				
9a	Gross income from gaming activities. See Part IV, line 19	9a						
		b	Less: direct expenses	9b				
		c	Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances . . .	10a						
		b	Less: cost of goods sold . . .	10b				
		c	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue		631	A631 - Connolly - 180	0	0		
e	Total. Add lines 11a-11d ▶		631	Exhibit - 14				
12	Total revenue. See instructions ▶		1,082,230	423,312	0	0		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	520,917	392,821	94,284	33,812
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	19,990	19,990	0	0
10 Payroll taxes	40,165	30,028	7,461	2,676
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,451	2,451	0	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	180,503	180,503	0	0
12 Advertising and promotion	5,662	5,662	0	0
13 Office expenses	27,388	27,388	0	0
14 Information technology	13,314	13,314	0	0
15 Royalties				
16 Occupancy	78,600	78,600	0	0
17 Travel	27,598	27,598	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	120,729	120,729	0	0
20 Interest	53	0	53	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	736	736	0	0
23 Insurance	4,078	4,078	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank and Merchant Fees	17,832	16,832	1,000	0
b Dues and Memberships	8,906	8,906	0	0
c Direct Mail	15,789	0	0	15,789
d Postage and Delivery	12,343	12,343	0	0
e All other expenses	39,856	38,786	0	1,070
25 Total functional expenses. Add lines 1 through 24e	1,136,910	980,765	102,798	53,347
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Exhibit - 14

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	167,815	1	240,457
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	17,446
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,758		
	b Less: accumulated depreciation	10b 1,319	10c	2,439
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	4,035
16 Total assets. Add lines 1 through 15 (must equal line 33)	167,815	16	264,377	
Liabilities	17 Accounts payable and accrued expenses	7,777	17	35,351
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,619	25	
	26 Total liabilities. Add lines 17 through 25	13,396	26	35,351
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	154,419	27	229,026
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	154,419	32	229,026	
33 Total liabilities and net assets/fund balances	167,815	33	264,377	

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Exhibit - 14

Part XI Reconciliation of Net Assets

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,082,230
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,136,910
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154,419
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-63,416
9	Other changes in net assets or fund balances (explain in Schedule O)	9	192,703
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	229,026

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Exhibit - 14

Additional Data

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Page ID #: 1211

Software ID: 21013422

Software Version:

EIN: 54-1673492

Name: National Institute of Family and Life Advocates

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Form 990 (2021)

Form 990, Part III, Line 4a:

Exhibit - 14

See Attached Statement

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Name of the organization
National Institute of Family and Life Advocates

Employer identification number

54-1673492

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					• AGO - Connolly	185
Total					Exhibit - 14	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i) and 2601 (60A)(v)

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(Complete only if you checked the box on line 5, 7, 8, or 11, or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	493,524	698,272	820,842	726,373	658,918	3,397,929
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	493,524	698,272	820,842	726,373	658,918	3,397,929
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						0
6	Public support. Subtract line 5 from line 4.						3,397,929

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .	493,524	698,272	820,842	726,373	658,918	3,397,929
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						0
11	Total support. Add lines 7 through 10						3,397,929
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14 100.000 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15 100.000 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.). .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- ☐ The organization satisfied the Activities Test. Complete **line 2** below.
 - ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2** Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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<div><div><input type="checkbox"/></div><div>1</div></div> Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>7</div></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

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Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
54-1673492

Name of the organization
National Institute of Family and Life Advocates

Employer identification number
54-1673492

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► Exhibit - 14

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings				
c Leasehold improvements			• AGO – Connolly – 194	
d Equipment		3,758	1,319	2,439
e Other			Exhibit - 14	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,439

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 14

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

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Exhibit - 14

Return Reference

Explanation

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<div style="display: flex; justify-content: space-between; font-size: 0.9em; color: blue;"> Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 198 of 664 </div> <div style="display: flex; justify-content: center; font-size: 0.8em; color: blue;"> Page ID #: 1225 </div>		
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest information.	<div style="border: 1px solid black; padding: 10px; font-size: 2.5em; font-weight: bold; margin-bottom: 5px;">2021</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Open to Public Inspection</div>

Name of the organization National Institute of Family and Life Advocates	Employer identification number 54-1673492
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt XII, Line 1	Switched methods from cash to accrual. Wrong box was marked in the previous year.

• AGO – Connolly – 198

Exhibit - 14

Return Reference	Explanation
Pt VI, Line 2	Thomas and Laura Glessner are married.

990 Schedule O, Supplemental Information

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Filed 11/04/24

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Return Reference	Explanation
Pt VI, Line 11b	A copy of the 990 is reviewed and approved by the board before filing.

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Return Reference	<div> <div> <div>Page ID #: 1228</div> <div>Explanation</div> </div> <div> <ul style="list-style-type: none"> AGO – Connolly – 201 </div> </div>
Pt VI, Line 12c	<div> <div>Annually, the board reviews the conflict of interest policy and any conflicts of interest that may exist.</div> <div>Exhibit - 14</div> </div>

Return Reference	<div> <div> <div>Page ID #: 1229</div> <div>Explanation</div> </div> <div> <div>•</div> <div>AGO – Connolly – 202</div> </div> </div>
Pt VI, Line 15a	<div> <div>The process for determing compensation includes the review and approval process as stated in Part VI Line 15.</div> <div>Exhibit - 14</div> </div>

EXHIBIT 15

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OMB No. 1545-0047

990

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
National Institute of Family and Life Advocates
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10333 Southpoint Landing BLVD
City or town, state or province, country, and ZIP or foreign postal code
Fredericksburg, VA 22407

D Employer identification number
54-1673492

E Telephone number
(540) 372-3930

F Name and address of principal officer:
Thomas Glessner
10333 Southpoint Landing BLVD
Fredericksburg, VA 22407

G Gross receipts \$ 955,174

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ nifla.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Attached Statement

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 10

6 Total number of volunteers (estimate if necessary) 6 5

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

8 Contributions and grants (Part VIII, line 1h) 8 476,077

9 Program service revenue (Part VIII, line 2g) 9 744,313

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,100

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,227,490

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 487,580

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶98,916

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 495,518

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 983,098

19 Revenue less expenses. Subtract line 18 from line 12 19 244,392

20 Total assets (Part X, line 16) 20 158,060

21 Total liabilities (Part X, line 26) 21 -2,176

22 Net assets or fund balances. Subtract line 21 from line 20 22 160,236

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

2023-10-04

Date

Thomas Glessner, President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN P01279326

Firm's name ▶ MORROW PC

Firm's EIN ▶

Firm's address ▶ 8665 SUDLEY RD 230

MANASSAS, VA 20110

Phone no. (571) 331-0348

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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Part III Case 2:24-cv-00168-IDV-MAR Document 30-1

Documents 30-1

Filed 11/04/24

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Check if Schedule O contains a response or note to any line in this Part II.

7

1 Briefly describe the organization's mission:

See Attached Statement

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	544,331	including grants of \$	0) (Revenue \$	955,174)
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See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4d	Other program services (Describe in Schedule O.)			
	(Expenses \$		including grants of \$	(Revenue \$

Exhibit - 15

4e	Total program service expenses ▶	544,331
----	----------------------------------	---------

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 11-207
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders				11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.				15	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				16	

Part VI Governance, Management, and Disclosure For each Yes response to lines 1 through 7, and for each No response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14		No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) AGO – Connolly – 209

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Exhibit - 15

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Thomas Glessner 10333 Southpoint Landing BLVD Fredericksburg, VA 22407 (540) 372-3930

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								272,575	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•	AGO – Connolly – 211	
	Exhibit – 15	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b	346,598			
	c	Fundraising events . . .	1c	5,400			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	84,577			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	289,798			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	10,175			
	h	Total. Add lines 1a-1f	726,373				
Program Service Revenue	2a The Life Choice Project		Business Code				
			541100	58,000	0	0	
	b	Inst in Limited OB Ultrasound	611430	124,809	0	0	
	c						
	d						
	e						
	f	All other program service revenue.					
g	Total. Add lines 2a-2f.	182,809					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d	Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d	Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 5,400 of contributions reported on line 1c). See Part IV, line 18						
		8a					
		b Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19						
		9a					
		b Less: direct expenses	9b				
c	Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances . . .							
	10a						
	b Less: cost of goods sold . . .	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue		45,992	45,992	0	0	
e	Total. Add lines 11a-11d		45,992				
12	Total revenue. See instructions		955,174	228,801	0	0	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	272,575	163,546	81,772	27,257
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	210,439	126,263	63,132	21,044
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	15,533	9,320	4,660	1,553
10 Payroll taxes	31,132	18,679	9,340	3,113
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,933	0	1,933	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,418	0	9,709	9,709
12 Advertising and promotion	57,969	34,781	17,391	5,797
13 Office expenses	60,701	36,421	18,210	6,070
14 Information technology	22,773	13,664	6,832	2,277
15 Royalties				
16 Occupancy	58,725	35,234	17,618	5,873
17 Travel	21,415	12,848	6,425	2,142
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,167	2,500	1,250	417
20 Interest	428	0	428	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,362	817	409	136
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Legal & Medical Summit	11,695	7,018	3,508	1,169
b Inst in Limited OB Ultrasound	53,861	32,317	16,158	5,386
c Miscellaneous	69,733	41,840	20,920	6,973
d Other	2,030	2,030	0	0
e All other expenses	7,053	7,053	0	0
25 Total functional expenses. Add lines 1 through 24e	922,942	544,331	279,695	98,916
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		148,956	1	179,848	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,000			
	b	Less: accumulated depreciation	10b	0	2,304	10c	2,000
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		6,800	15	14,892	
16	Total assets. Add lines 1 through 15 (must equal line 33)		158,060	16	196,740		
Liabilities	17	Accounts payable and accrued expenses		-2,176	17	4,576	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		-2,176	26	4,576	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		160,236	27	192,164	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		160,236	32	192,164	
33	Total liabilities and net assets/fund balances		158,060	33	196,740		

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Part XI Reconciliation of Net Assets

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	955,174
2	Total expenses (must equal Part IX, column (A), line 25)	2	922,942
3	Revenue less expenses. Subtract line 2 from line 1	3	32,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160,236
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-304
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	192,164

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Page ID #: 1243
Software ID: 20011577

Software Version:

EIN: 54-1673492

Name: National Institute of Family and Life Advocates

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Form 990 (2020)

Form 990, Part III, Line 4a:

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See Attached Statement

Part II Support Schedule for Organizations Described in Sections 170(c)(1)(A)(i) and 213(a)(1)(A)(i)

(Complete only if you checked the box on line 5, 7, 8, or 11, or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	602,996	493,524	698,272	820,842	726,373	3,342,007
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	602,996	493,524	698,272	820,842	726,373	3,342,007
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						0
6 Public support. Subtract line 5 from line 4.						3,342,007

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	602,996	493,524	698,272	820,842	726,373	3,342,007
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						0
11 Total support. Add lines 7 through 10						3,342,007
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	100.000 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	100.000 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.). .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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Part V Type III non-functionally integrated 509(a)(3) supporting organizations

- 1** ☐ Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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Exhibit - 15

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

• AGO – Connolly – 224

Facts And Circumstances Test

Exhibit - 15

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
54-1673492

Name of the organization
National Institute of Family and Life Advocates

Employer identification number
54-1673492

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1

►

Exhibit - 15

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings				
c Leasehold improvements				
d Equipment		2,000	0	2,000
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,000

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Donated Items	6,900
(2) Security Deposits	7,992
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	14,892

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

• AGO – Connolly – 228

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 15

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

Page ID #:1256

Exhibit - 15

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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Page ID #:1257

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

MB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
National Institute of Family and Life Advocates

Employer identification number
54-1673492

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	No No No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 3

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Part II

Supplemental Information

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page ID #: 1259

Exhibit - 15

Return Reference	Explanation
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Schedule J (Form 990) 2020

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<div style="display: flex; justify-content: space-between; font-size: small;"> Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 233 of 664 </div> <div style="display: flex; justify-content: center; font-size: x-small;"> OMB No. 1545-0047 </div>					
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">2020</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Open to Public Inspection</div>
Department of the Treasury Internal Revenue Service Name of the organization National Institute of Family and Life Advocates				Employer identification number 54-1673492	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt XII, Line 1	Switched methods from cash to accrual. Wrong box was marked in the previous year. <div style="text-align: right; color: red; font-weight: bold; margin-top: 10px;"> Exhibit - 15 </div>

• AGO – Connolly – 233

Return Reference	Explanation
Pt VI, Line 2	Thomas and Laura Glessner are married.

990 Schedule O, Supplemental Information

Case 2:24-cv-08468-HDV-MAR

Document 30-1

Filed 11/04/24

Page 235 of 664

Return Reference	Explanation
Pt VI, Line 11b	A copy of the 990 is reviewed and approved by the board before filing.

Page ID #: 1262

• AGO – Connolly – 235

Exhibit - 15

Return Reference	<div> <div> <div>Page ID #: 1263</div> <div>Explanation</div> </div> <div> <div>•</div> <div>AGO – Connolly – 236</div> </div> </div>
Pt VI, Line 12c	<div> <div>Annually, the board reviews the conflict of interest policy and any conflicts of interest that may exist.</div> <div>Exhibit - 15</div> </div>

Return Reference	<div> <div> <div>Page ID #: 1264</div> <div>Explanation</div> </div> <div> <div>•</div> <div>AGO – Connolly – 237</div> </div> </div>
Pt VI, Line 15a	<div> <div>The process for determining compensation includes the review and approval process as stated in Part VI Line 15.</div> <div>Exhibit 15</div> </div>

EXHIBIT 16

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DLN: 93493320043033

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OMB No. 1545-0047

990

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Alternatives Pregnancy Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

8689 Folsom Blvd

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Sacramento, CA 95826

F Name and address of principal officer:

Heidi Matzke

8689 Folsom Blvd

Sacramento, CA 95826

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

D Employer identification number

94-2844514

E Telephone number

(916) 880-4040

G Gross receipts \$ 2,001,807

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.alternativespc.org

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982

M State of legal domicile: CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

APC offers compassionate care to those making significant life choices.We believe women and men have a right to get accurate information from a resource that will not profit from the choices they make.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

12

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

5

22

6 Total number of volunteers (estimate if necessary)

6

60

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,212,674

1,590,416

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

592

3,468

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

416,622

305,321

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,629,888

1,899,205

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

553,081

722,831

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶123,151

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

314,290

464,615

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

867,371

1,187,446

19 Revenue less expenses. Subtract line 18 from line 12

762,517

711,759

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,647,605

3,707,535

21 Total liabilities (Part X, line 26)

97,122

1,445,293

22 Net assets or fund balances. Subtract line 21 from line 20

1,550,483

2,262,242

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Heidi Matzke Executive Director

Type or print name and title

2023-11-16

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01513142

Firm's name ▶ Jensen Smith Certified Public Accountants Inc

Firm's EIN ▶ 47-2319412

Firm's address ▶ 661 5th St Ste 101

Lincoln, CA 95648

Phone no. (916) 434-1662

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Exhibit - 16

Check if Schedule O contains a response or note to any item in this Part III ☐

Page ID #: 1267

1 Briefly describe the organization's mission:

APC offers compassionate care to those making significant life choices. We believe women and men have a right to get accurate information from a resource that will not profit from the choices they make.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 811,475 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

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4e Total program service expenses ▶ 811,475

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	22		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders				11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				16	No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.				17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 1a through 15b below, and to any "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O) AGO – Connolly – 244

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Exhibit - 16

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Victoria Allgier 1111 Howe Ave Sacramento, CA 95825 (916) 880-4040

□

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Page ID #1273 (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								82,553			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•	AGO – Connolly – 246	
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,590,416		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f		1,590,416		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue.				
	g	Total. Add lines 2a-2f.	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	3,468			3,468
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss)	0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	397,865		
	b	Less: direct expenses	8b	102,602		
	c	Net income or (loss) from fundraising events	295,263			295,263
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities	0			
10a	Gross sales of inventory, less returns and allowances	10a	5,898			
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory	5,898			5,898	
Miscellaneous Revenue		Business Code				
11a	Other Revenue		4,160	4,160		
b						
c						
d	All other revenue			• AGO – Connolly – 247		
e	Total. Add lines 11a-11d	4,160		Exhibit - 16		
12	Total revenue. See instructions		1,899,205	4,160		304,629

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	82,553	57,787	16,511	8,255
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	640,278	448,195	128,055	64,028
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,850	2,695	578	577
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	2,843	1,990	426	427
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	44,391	31,074	8,878	4,439
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	38,442		38,442	
23 Insurance	27,890	19,523	4,184	4,183
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Facilities	132,529	92,770	26,506	13,253
b Development and Marketing	58,914	41,240	8,837	8,837
c Medical Supplies	34,073	23,850	5,111	5,112
d Office and General Supplies	32,073	22,451	4,811	4,811
e All other expenses	89,610	69,900	10,481	9,229
25 Total functional expenses. Add lines 1 through 24e	1,187,446	811,475	252,820	123,151
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1,500,639	1	1,467,692	
	2	Savings and temporary cash investments			2	0	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4	9,695	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges		106,384	9	63,745	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,482,808			
	b	Less: accumulated depreciation	10b	316,405	40,581	10c	2,166,403
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11		1	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 33)		1,647,605	16	3,707,535		
Liabilities	17	Accounts payable and accrued expenses		57,186	17	87,278	
	18	Grants payable			18		
	19	Deferred revenue		6,355	19	5,595	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	1,312,500	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		33,581	25	39,920	
	26	Total liabilities. Add lines 17 through 25		97,122	26	1,445,293	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,147,220	27	2,262,242	
	28	Net assets with donor restrictions		403,263	28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,550,483	32	2,262,242	
33	Total liabilities and net assets/fund balances		1,647,605	33	3,707,535		

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Part XI Reconciliation of Net Assets

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,899,205
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,187,446
3	Revenue less expenses. Subtract line 2 from line 1	3	711,759
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,550,483
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,262,242

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Page ID #: 1278

Software ID: 22019553

Software Version: 2022v5.0

EIN: 94-2844514

Name: Alternatives Pregnancy Center

Form 990 (2022)

Form 990, Part III, Line 4a:

Provided more than 2,550 appointments to women in our community. It is our mission to provide women with medical care and alternatives to abortion as we proclaim the hope of the Gospel. We believe that women in our community should have access to free, quality medical care from an organization that won't financially benefit from any decision they make during unplanned pregnancy situations. Whether they're low-income, homeless, uninsured, or simply need somewhere to go that will support them in some of the most difficult times of their lives, Alternatives is here for them. Equipped new moms with parenting classes. Over 145 individuals/couples have taken classes to become better parents. Our curriculum covers a wide range of aspects from prenatal development to breastfeeding topics, as well as fostering healthy relationships & women's self care. Distributed over 2,304 packs of diapers, clothing and other necessities to those in need. Coupled with our parenting program, we believe that support does not end in the medical room. Instead, we recognize that there are those who need material assistance in order to parent well. That is why we focus on making sure that the needs of mothers and their babies are met with understanding and generosity by our parenting program. Provided more than 780 free pregnancy tests. We also gave more than 620 women a window into their womb through our ultrasounds. Pregnancy is one of the most life-changing events to happen in a woman's life. By offering our free pregnancy-related services, we can not only give women the medical care they need, but we can meet them where they're at and walk with them as they make decisions they can be proud of in the years to come. Scheduled over 331 obstetric and gynecological appointments to give women access to free and necessary healthcare. By providing free pap smears, STD testing, breast exams, prenatal care, and more, we are providing women with a safe and comfortable place to receive the medical care that they need from people that they trust, and at no cost to them.

SCHEDULE A

(Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Name of the organization

Alternatives Pregnancy Center

Employer identification number

94-2844514

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i) and 2201(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2020 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	318,632	335,703	594,825	1,212,674	1,590,416	4,052,250
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	318,632	335,703	594,825	1,212,674	1,590,416	4,052,250
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						4,052,250

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .	318,632	335,703	594,825	1,212,674	1,590,416	4,052,250
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	318,632	335,703	594,825	1,212,674	1,590,416	4,052,250
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	89.160 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒

b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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<div><div><input type="checkbox"/></div><div>1</div></div> Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>7</div></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017.		
b	From 2018.		
c	From 2019.		
d	From 2020.		
e	From 2021.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

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Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Alternatives Pregnancy Center

Employer identification number
94-2844514

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► **Exhibit - 16**

b Assets included in Form 990, Part X ► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,971,167	28,000	1,943,167
c Leasehold improvements			• AGO – Connolly – 261	
d Equipment		279,611	258,900	20,711
e Other		232,030	29,308	202,525
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,166,403

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Part VII

Investments - Other Securities.

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
Accrued Compensation	8,841
Payroll Liabilities	31,079
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	39,920

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,899,205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,899,205
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,899,205

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,187,446
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,187,446
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,187,446

Part XIII Supplemental Information

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 16

Return Reference	Explanation
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Part XIII Supplemental Information (continued)

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Exhibit - 16

Return Reference

Explanation

SCHEDULE G
(Form 990)

Supplemental Information Regarding
Fundraising or Gaming Activities

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Alternatives Pregnancy Center

Employer identification number
94-2844514

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Exhibit - 16

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala Event</u> (event type)	<u>SOHL - Sanctity of Human Life</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
	1 Gross receipts	337,076	16,372	40,698	394,146
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	337,076	16,372	40,698	394,146
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	69,721	32,761	120	102,602
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				102,602
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				291,544	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$.

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
Return Reference	Explanation

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2022 Open to Public Inspection
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Name of the organization Alternatives Pregnancy Center	Employer identification number 94-2844514
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Reviewed and approved by Executive Director. Electronically provided to Board Members. <div>AGO – Connolly – 268</div> <div>Exhibit - 16</div>

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Annual review of conflict of interest policy <div>•</div> <div>AGO – Connolly – 269</div> <div>Exhibit - 16</div>

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15a	<div data-bbox="615 538 2834 621">Independent board of directors review and approve ED's salary</div> <div data-bbox="3315 502 3395 533">•</div> <div data-bbox="3663 466 4626 569">AGO – Connolly – 270</div> <div data-bbox="4117 673 4626 777">Exhibit - 16</div>

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15b	<div data-bbox="615 533 2834 621">Independent board of directors review and approve ED's salary</div> <div data-bbox="3663 466 4626 564">AGO – Connolly – 271</div> <div data-bbox="4117 678 4626 777">Exhibit - 16</div>

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	<div>Available on Guidestar and upon request</div> <div>•</div> <div>AGO – Connolly – 272</div> <div>Exhibit - 16</div>

EXHIBIT 17

Part III **Statement of Program Service Accomplishments**

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Check if Schedule O contains a response or note to any item in this Part III. ☐

1 Briefly describe the organization's mission:

APC offers compassionate care to those making significant life choices. We believe women and men have a right to get accurate information from a resource that will not profit from the choices they make.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 601,876 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$ **Exhibit - 17**)

4e Total program service expenses ▶ 601,876

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 7-277
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders				11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				16	No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.				17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 1 through 15 below, and to a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O) AGO – Connolly – 279

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Exhibit - 17

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Victoria Allgier 1111 Howe Ave Sacramento, CA 95825 (916) 880-4040

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	<div style="text-align: center;"> Page ID #:1308 Position (do not check more than one box, unless person is both an officer and a director/trustee) </div>						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								75,549		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	72,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,140,674				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶			1,212,674				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue.						
9 Total. Add lines 2a-2f. ▶			0					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		592			592		
	4 Income from investment of tax-exempt bond proceeds ▶		0					
	5 Royalties ▶		0					
	6a Gross rents	(i) Real	(ii) Personal					
		6a						
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶			0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a						
		b Less: cost or other basis and sales expenses	7b					
		c Gain or (loss)	7c					
	d Net gain or (loss) ▶			0				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	474,559					
		b Less: direct expenses	8b					58,682
	c Net income or (loss) from fundraising events . . . ▶			415,877			415,877	
	9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities . . . ▶			0				
	10a Gross sales of inventory, less returns and allowances . . .	10a						
b Less: cost of goods sold . . .		10b						
c Net income or (loss) from sales of inventory . . . ▶			0					
Miscellaneous Revenue Business Code								
11a Misc. Income								
b Other Revenue			745			745		
c								
d All other revenue				• AGO – Connolly – 282				
e Total. Add lines 11a-11d ▶			745	Exhibit - 17				
12 Total revenue. See instructions ▶			1,629,888			417,214		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	75,549	52,884	15,110	7,555
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	427,739	299,418	85,548	42,773
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	3,754	2,628	563	563
10 Payroll taxes	46,039	32,227	9,208	4,604
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	1,186	830	178	178
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,809		18,809	
23 Insurance	15,682	10,977	2,352	2,353
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Facilities	97,378	68,165	19,475	9,738
b Medical Supplies	44,807	31,365	6,721	6,721
c Development and Marketing	36,516	25,561	5,478	5,477
d Departmental Expenses	15,741	15,741		
e All other expenses	84,171	62,080	11,836	10,255
25 Total functional expenses. Add lines 1 through 24e	867,371	601,876	175,278	90,217
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Check if Schedule O contains a response or note to any line in this Part X: ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		813,673	1	1,500,639	
	2	Savings and temporary cash investments			2	0	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4	0	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges		32,218	9	106,384	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	318,544			
	b	Less: accumulated depreciation	10b	277,963	55,599	10c	40,581
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11			15	1	
16	Total assets. Add lines 1 through 15 (must equal line 33)		901,490	16	1,647,605		
Liabilities	17	Accounts payable and accrued expenses		13,887	17	57,186	
	18	Grants payable			18		
	19	Deferred revenue			19	6,355	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		99,068	25	33,581	
	26	Total liabilities. Add lines 17 through 25		112,955	26	97,122	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		788,535	27	1,147,220	
	28	Net assets with donor restrictions			28	403,263	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		788,535	32	1,550,483	
33	Total liabilities and net assets/fund balances		901,490	33	1,647,605		

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Part XI Reconciliation of Net Assets

Document 30-1

Filed 11/04/24

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Check if Schedule O contains a response or note to any line in this Part XI



1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,629,888
2	Total expenses (must equal Part IX, column (A), line 25)	2	867,371
3	Revenue less expenses. Subtract line 2 from line 1	3	762,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	788,535
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-569
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,550,483

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII



	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Page ID #: 1313
Software ID: 21013475

Software Version: 2021v4.0

EIN: 94-2844514

Name: Alternatives Pregnancy Center

Form 990 (2021)

Form 990, Part III, Line 4a:

Provided more than 776 unique client visits . It is our mission to provide women with medical care and alternatives to abortion as we proclaim the hope of the Gospel. We believe that women in our community should have access to free, quality medical care from an organization that wont financially benefit from any decision they make during unplanned pregnancy situations. Whether theyre low-income, homeless, uninsured, or simply need somewhere to go that will support them in some of the most difficult times of their lives, Alternatives is here for them. Empowered 81% of our clients to choose life. Equipped new moms with parenting classes. Over 177 individuals/couples have taken classes to become better parents. Our curriculum covers a wide range of aspects from prenatal development to breastfeeding topics, as well as fostering healthy relationships & womens self care. Distributed over 13,000 diapers, clothing and other necessities to those in need. Coupled with our parenting program, we believe that support does not end in the medical room. Instead, we recognize that there are those who need material assistance in order to parent well. That is why we focus on making sure that the needs of mothers and their babies are met with understanding and generosity by our parenting program. Provided more than 642 free pregnancy tests. We also gave more than 493 women a window into their womb through our ultrasounds. Pregnancy is one of the most life changing events to happen in a womans life. By offering our free pregnancy related services, we can not only give women the medical care they need, but we can meet them where theyre at and walk with them as they make decisions they can be proud of in the years to come. Made 11 abortion pill reversal appointments in order to give women a second chance at choice. This treatment is a vital part of reproductive rights and healthcare, and gives women the ability to safely and effectively attempt to reverse their chemical abortion. Scheduled over 167 obstetric and gynecological appointments to give women access to free and necessary healthcare. By providing free pap smears, STD testing, breast exams, prenatal care, and more, we are providing women with a safe and comfortable place to receive the medical care that they need from people that they trust, and at no cost to them.

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 2611 (A)(v)

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(Complete only if you checked the box on line 5, 7, D, or E of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2020 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	212,561	318,632	335,703	594,825	1,212,674	2,674,395
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	212,561	318,632	335,703	594,825	1,212,674	2,674,395
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						2,674,395

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .	212,561	318,632	335,703	594,825	1,212,674	2,674,395
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	325,204					325,204
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	537,765	318,632	335,703	594,825	1,212,674	2,999,599
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	89.160 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	77.190 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

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Facts And Circumstances Test

Exhibit - 17

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493213013702 Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 295 of 654

SCHEDULE D
(Form 990)

Supplemental Financial Statements

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
94-2844514

Name of the organization
Alternatives Pregnancy Center

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)

Protection of natural habitat

Preservation of open space

Preservation of an historically important land area

Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Yes

No

Yes

No

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

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Exhibit - 17

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		279,611	251,442	28,169
e Other		38,933	26,323	12,412
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,581

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Compensation	7,311
(3) Payroll Liabilities	26,270
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	33,581
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII <input type="checkbox"/>	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,629,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,629,888
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,629,888

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	867,371
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	867,371
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	867,371

Part XIII Supplemental Information

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 17

Return Reference	Explanation
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Part XIII Supplemental Information (continued)

Page ID #:1326

Exhibit - 17

Return Reference

Explanation

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Gala Event (event type)	Fund a Day (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	395,567	46,647	27,163	469,377
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	395,567	46,647	27,163	469,377
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,897			10,897
	7 Food and beverages	27,386			27,386
	8 Entertainment				
	9 Other direct expenses	16,369		1,893	18,262
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				56,545
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				412,832

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Exhibit - I7

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11 Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Exhibit 17

Return Reference	Explanation
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Schedule G (Form 990) 2021

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

2021

**Open to Public
Inspection**

Name of the organization
Alternatives Pregnancy Center

Employer identification number

94-2844514

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	Reviewed and approved by Executive Director. Electronically provided to Board Members. AGO – Connolly – 303 Exhibit - 17

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	<p data-bbox="457 401 1531 453">Annual review of conflict of interest policy</p> <ul data-bbox="2467 629 3426 692" style="list-style-type: none"><li data-bbox="2467 629 3426 692">• AGO – Connolly – 304 <p data-bbox="3051 780 3426 842">Exhibit - 17</p>

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	<p data-bbox="447 373 1981 430">Independent board of directors review and approve ED's salary</p> <ul data-bbox="2310 643 3200 850" style="list-style-type: none"><li data-bbox="2310 643 3200 710">• AGO – Connolly – 305<li data-bbox="2849 788 3200 850">Exhibit - 17

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	<p>Independent board of directors review and approve ED's salary</p> <ul style="list-style-type: none"> • AGO – Connolly – 306 <p>Exhibit - 17</p>

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	<p data-bbox="483 424 1617 476">Available on Guidestar and upon request</p> <ul data-bbox="2604 590 3633 652" style="list-style-type: none"><li data-bbox="2604 590 3633 652">• AGO – Connolly – 307 <p data-bbox="3234 756 3633 818">Exhibit - 17</p>

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	<p>Adjustments made after filing of 990 = -\$569</p> <ul style="list-style-type: none"> • AGO – Connolly – 308 <p>Exhibit - 17</p>

EXHIBIT 18

Part III **Statement of Program Service Accomplishments**

Document 30-1

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Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

APC offers compassionate care to those making significant life choices. We believe women and men have a right to get accurate information from a resource that will not profit from the choices they make.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 435,527 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

• AGO – Connolly – 311

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$ Exhibit - 18)

4e Total program service expenses ▶ 435,527

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Exhibit - 18

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	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

• 1a AGO – Connolly 7/313

1b 0

Exhibit - 18

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3a		No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			4a		No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			5a		No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5b		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5c		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			6a		No
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6b		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			7		
7 Organizations that may receive deductible contributions under section 170(c).			7a		No
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	0			
d If "Yes," indicate the number of Forms 8282 filed during the year			7e		No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7g		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7h		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			8		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			9a		
9 Sponsoring organizations maintaining donor advised funds.			9b		
a Did the sponsoring organization make any taxable distributions under section 4966?					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

Part VI **Governing Body, Management, and Disclosure** For each "Yes" response to lines 1a through 1b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O) **AGO – Connolly – 315**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **Exhibit - 18**

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶Victoria Allgier 1111 Howe Ave Sacramento, CA 95825 (916) 880-4040

☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above

[illegible]

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Page ID #1344 (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							65,792			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•	AGO – Connolly – 317	
	Exhibit 18	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2019)

Page 9

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line on this page

Page ID #1845

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

1b

Membership dues

1b

1c

Fundraising events

1c

1d

Related organizations

1d

1e

Government grants (contributions)

1e

1f

All other contributions, gifts, grants, and similar amounts not included above

335,613

1g

Noncash contributions included in lines 1a - 1f \$

h

Total. Add lines 1a-1f

335,613

Program Service Revenue

2a

Business Code

b

c

d

e

f

All other program service revenue

g

Total. Add lines 2a-2f

0

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

256

256

4

Income from investment of tax-exempt bond proceeds

0

5

Royalties

0

6a

Gross rents

6a

(i) Real

(ii) Personal

b

Less rental expenses

6b

c

Rental income or (loss)

6c

d

Net rental income or (loss)

0

7a

Gross amount from sales of assets other than inventory

7a

(i) Securities

(ii) Other

b

Less cost or other basis and sales expenses

7b

c

Gain or (loss)

7c

d

Net gain or (loss)

0

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18

8a

517,135

b

Less direct expenses

8b

94,969

c

Net income or (loss) from fundraising events

422,166

422,166

9a

Gross income from gaming activities See Part IV, line 19

9a

b

Less direct expenses

9b

c

Net income or (loss) from gaming activities

0

10a

Gross sales of inventory, less returns and allowances

10a

b

Less cost of goods sold

10b

c

Net income or (loss) from sales of inventory

0

11a

Miscellaneous Revenue

Business Code

300

300

b

Other Revenue

161

161

c

d

All other revenue

•

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e

Total. Add lines 11a-11d

461

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12

Total revenue. See instructions

758,496

461

422,422

Form 990 (2019)

Part IX **Statement of Functional Expenses** Document 30-1 Filed 11/04/24 Page 319 of 664

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	65,792	46,054	13,158	6,580
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	273,864	191,705	54,773	27,386
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	289	202	58	29
10 Payroll taxes	30,236	21,165	6,047	3,024
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,000	15,400	3,300	3,300
12 Advertising and promotion	0			
13 Office expenses	3,930	2,750	590	590
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	2,347	1,643	352	352
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	29,341		29,341	
23 Insurance	14,817	10,371	2,223	2,223
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Facilities	90,995	63,697	18,199	9,099
b Development and Marketing	29,403	20,583	4,410	4,410
c Medical Supplies	18,763	13,133	2,815	2,815
d Merchant fees	10,677	7,473	1,602	1,602
e All other expenses	53,669	41,351	7,248	5,070
25 Total functional expenses. Add lines 1 through 24e	646,123	435,527	144,116	66,480
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	323,186	1	473,313
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	250	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	20,376	9	4,646
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 303,732		
	b Less: accumulated depreciation	10b 228,974	79,290	10c 74,758
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	1	15	1
16 Total assets. Add lines 1 through 15 (must equal line 34)	423,103	16	552,718	
Liabilities	17 Accounts payable and accrued expenses	1,328	17	6,023
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,553	25	18,595
	26 Total liabilities. Add lines 17 through 25	5,881	26	24,618
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	417,222	27	514,551
	28 Net assets with donor restrictions		28	13,549
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	417,222	32	528,100
33 Total liabilities and net assets/fund balances	423,103	33	552,718	

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Exhibit - 18

Part XI Reconciliation of Net Assets

Document 30-1

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Page ID #: 1348

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	758,496
2	Total expenses (must equal Part IX, column (A), line 25)	2	646,123
3	Revenue less expenses Subtract line 2 from line 1	3	112,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	417,222
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,495
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	528,100

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Additional Data

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Page ID #: 1349
Software ID: 19009920

Software Version: 2019v5.0

EIN: 94-2844514

Name: Alternatives Pregnancy Center

Form 990 (2019)

Form 990, Part III, Line 4a:

Provided more than 1240 unique client visits, which enabled us to serve our community with free resources and influence women and men for Christ and for life. Empowered 87% of our clients to choose life, fulfilling our mission of providing hopeful alternatives to women facing unplanned pregnancies. Equipped those choosing life with parenting classes. Over 308 individuals/couples have taken classes to become better parents. Your financial influence is powerful. Distributed over 12,477 diapers to those in need. Helped us communicate Godb

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Exhibit - 18

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	2019 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Alternatives Pregnancy Center		Employer identification number 94-2844514

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					AGO Connolly 323	
					Exhibit - 18	
Total						

Part II Support Schedule for Organizations Described in Sections 170(c)(1)(A)(i) and 170(c)(2)(A)(i)

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(Complete only if you checked the box on line 5, 7, or 11 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 501(c)(2)

(Complete only if you checked the box on line 10 of Part III, if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	218,133	194,496	212,561	318,632	335,703	1,279,525
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	218,133	194,496	212,561	318,632	335,703	1,279,525
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,279,525

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	218,133	194,496	212,561	318,632	335,703	1,279,525
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	151,407	164,280	325,204			640,891
13 Total support. (Add lines 9, 10c, 11, and 12.)	369,540	358,776	537,765	318,632	335,703	1,920,416
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	66.630 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	61.380 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. AGO - Connolly - 325 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. Exhibit - 18 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

Part V Type III non-functionally integrated 509(a)(1) supporting organizations

- 1** ☐ Check here if the organization satisfied the Integral Parts test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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Exhibit - 18

Additional Data

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Page ID #: 1357
Software ID: 19009920

Software Version: 2019v5.0

EIN: 94-2844514

Name: Alternatives Pregnancy Center

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

• AGO – Connolly – 330

Facts And Circumstances Test

Exhibit - 18

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DLN: 93493245008280

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OMB No. 1545-0047

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Name of the organization
Alternatives Pregnancy Center

Employer identification number
94-2844514

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

(a) Donor advised funds

(b) Funds and other accounts

☐ Yes ☐ No

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Held at the End of the Year

2a

2b

2c

2d

☐ Yes ☐ No

☐ Yes ☐ No

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

▶ \$

▶ \$

▶ \$

▶ \$

At 601 G Company - 331

Exhibit - 18

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2019

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		266,056	208,671	57,385
e Other		37,676	20,108	17,373
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				74,758

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	18,595

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	853,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	94,969
e	Add lines 2a through 2d	2e	94,969
3	Subtract line 2e from line 1	3	758,496
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	758,496

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	741,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	94,969
e	Add lines 2a through 2d	2e	94,969
3	Subtract line 2e from line 1	3	646,123
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	646,123

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	
	• AGO – Connolly – 334
	Exhibit - 18

Part XIII Supplemental Information *(continued)*

Page ID #:1362

Return Reference	Explanation
	• AGO – Connolly – 335
	Exhibit - 18

Additional Data

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Page ID #: 1363
Software ID: 19009920

Software Version: 2019v5.0

EIN: 94-2844514

Name: Alternatives Pregnancy Center

Supplemental Information

Return Reference	Explanation	AGO – Connolly – 336
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Special event exp not netted on F/S \$94969	Exhibit - 18

Supplemental Information	
Return Reference	Explanation
Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 337 of 664	
Part XII, Line 2d Other expenses and losses per audited F/S	Special event exp not netted on F/S \$94969 Exhibit - 18

Page ID #: 1364

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Gala Event (event type)	Baby Bottle Fundraiser (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	395,651	86,336	31,684	513,671
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	395,651	86,336	31,684	513,671
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	51,940			51,940
	7 Food and beverages	4,496			4,496
	8 Entertainment	16,400			16,400
	9 Other direct expenses	16,255	5,489		21,744
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				94,580
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				419,091

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity conducted in

13a

%

13b

%

a

The organization's facility

b

An outside facility

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Exhibit - F8

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
Alternatives Pregnancy Center

Employer identification number

94-2844514

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Reviewed and approved by Executive Director Electronically provided to Board Members AGO – Connolly – 341 Exhibit - 18

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	<p data-bbox="450 398 1509 450">Annual review of conflict of interest policy</p> <ul data-bbox="2450 626 3390 688" style="list-style-type: none"><li data-bbox="2450 626 3390 688">• AGO – Connolly – 342 <p data-bbox="3038 792 3390 854">Exhibit - 18</p>

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	<p data-bbox="447 373 1981 433">Independent board of directors review and approve ED's salary</p> <ul data-bbox="2306 643 3200 860" style="list-style-type: none"><li data-bbox="2306 643 3200 712">• AGO – Connolly – 343<li data-bbox="2849 798 3200 860">Exhibit - 18

990 Schedule O, Supplemental Information

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Page ID #:1371 Explanation

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Independent board of directors review and approve ED's salary <ul style="list-style-type: none"> • AGO – Connolly – 344 Exhibit - 18

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	<p data-bbox="483 424 1617 486">Available on Guidestar and upon request</p> <ul data-bbox="2604 590 3633 663" style="list-style-type: none"><li data-bbox="2604 590 3633 663">• AGO – Connolly – 345 <p data-bbox="3234 766 3633 839">Exhibit - 18</p>

EXHIBIT 19

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320039083

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OMB No. 1545-0047

990

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PREGNANCY CARE CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

PO BOX 1265

City or town, state or province, country, and ZIP or foreign postal code

EL CAJON, CA 92022

F Name and address of principal officer:

PO BOX 1265

EL CAJON, CA 920221265

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

N/A

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999

M State of legal domicile: CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

TO ASSIST WOMEN IN CRISIS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

7

4 Number of independent voting members of the governing body (Part VI, line 1b)

0

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

12

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

647,121

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

12,468

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

208,223

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

867,812

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

311,017

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶

0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

265,154

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

576,171

19 Revenue less expenses. Subtract line 18 from line 12

291,641

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,256,586

21 Total liabilities (Part X, line 26)

8,451

22 Net assets or fund balances. Subtract line 21 from line 20

1,248,135

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2023-11-16

Date

MILES J MCCLURE Executive Dir.

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00459790

Firm's name ▶ Class Advisors Inc

Firm's EIN ▶ 46-5453710

Firm's address ▶ 2555 Camino del Rio S Ste 201

San Diego, CA 92108

Phone no. (619) 282-7126

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Exhibit - 19

Part III **Statement of Program Service Accomplishments**

Document 30-1

Filed 11/04/24

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Check if Schedule O contains a response or note to any item in this Part III. ☐**1** Briefly describe the organization's mission:

TO ASSIST WOMEN IN CRISIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 347,631 including grants of \$) (Revenue \$)
	See Additional Data

4b	(Code:) (Expenses \$ 77,899 including grants of \$) (Revenue \$)
	See Additional Data

4c	(Code:) (Expenses \$ 47,503 including grants of \$) (Revenue \$)
	See Additional Data

• AGO - Connolly - 348

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	Exhibit - 19

4e	Total program service expenses ▶	473,033
-----------	---	---------

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Exhibit 19

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	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 0350
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		2a	12
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.		11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16	No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 1 through 10 below, and for each "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to a management committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		No
b Each committee with authority to act on behalf of the governing body?	8b		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) **AGO - Connolly - 352**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **Exhibit - 19**

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ **MILES J MCCLURE S MAGNOLIA AVE EL CAJON, CA 92020 (619) 442-4357**

7

See the instructions for the order in which to list the persons above.

Exhibit - 19

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								85,937		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
	• AGO – Connolly – 354	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	25,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	441,813			
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h	Total. Add lines 1a-1f ▶	466,813				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue.					
	g	Total. Add lines 2a-2f. ▶	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	13,944	13,944			
	4	Income from investment of tax-exempt bond proceeds ▶	0				
	5	Royalties ▶	0				
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) ▶	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss) ▶	0				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	226,622			
	b	Less: direct expenses	8b	54,187			
	c	Net income or (loss) from fundraising events . . . ▶	172,435				
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities . . . ▶	0				
	10a	Gross sales of inventory, less returns and allowances . . .	10a				
	b	Less: cost of goods sold . . .	10b				
	c	Net income or (loss) from sales of inventory . . . ▶	0				
Miscellaneous Revenue		Business Code					
11a	SUB LEASE INCOME		107,318	107,318			
b							
c							
d	All other revenue			• AGO – Connolly – 355			
e	Total. Add lines 11a-11d ▶	107,318					
12	Total revenue. See instructions ▶	760,510					

Exhibit - 19

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	85,936	42,968	42,968	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	234,289	228,267	6,022	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	4,043	2,923	1,120	
10 Payroll taxes	26,999	19,520	7,479	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,280	17,312	3,968	
12 Advertising and promotion	39,575		39,575	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	32,996	30,964	2,032	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	375	375		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	32,382	29,144	3,238	
23 Insurance	10,458	3,048	7,410	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	16,702	15,032	1,670	
b GENERAL OFFICE SUPPLIES	15,474	13,927	1,547	
c MEDICAL & LAB SUPPLIES	8,719	8,719		
d Telephone	8,564	7,708	856	
e All other expenses	83,269	53,126	30,143	
25 Total functional expenses. Add lines 1 through 24e	621,061	473,033	148,028	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Exhibit - 19

Check if Schedule O contains a response or note to any line in this Part X: ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		254,861	1	115,833	
	2	Savings and temporary cash investments		861,618	2	1,155,285	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4	0	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges			9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	483,955			
	b	Less: accumulated depreciation	10b	370,882	140,107	10c	113,073
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11			15	11,600	
16	Total assets. Add lines 1 through 15 (must equal line 33)		1,256,586	16	1,395,791		
Liabilities	17	Accounts payable and accrued expenses		8,450	17	8,207	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1	25		
	26	Total liabilities. Add lines 17 through 25		8,451	26	8,207	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,248,135	27	1,387,584	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		1,248,135	32	1,387,584		
33	Total liabilities and net assets/fund balances		1,256,586	33	1,395,791		

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Exhibit - 19

Part XI Reconciliation of Net Assets

Document 30-1

Filed 11/04/24

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Page ID #: 1385

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	760,510
2	Total expenses (must equal Part IX, column (A), line 25)	2	621,061
3	Revenue less expenses. Subtract line 2 from line 1	3	139,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,248,135
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,387,584

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a

No

2b

No

2c

3a

No

3b

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Exhibit - 19

Additional Data

Page ID #: 1386

Software ID: 22019553

Software Version: 2022v5.0

EIN: 33-0576304

Name: PREGNANCY CARE CENTER

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Form 990 (2022)

Exhibit - 19

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDED TRAINED NURSES AND FACILITIES WHO PERFORMED 412 FREE PREGNANCY TESTS, AND 260 FREE ULTRASOUND TESTS IN 2021.

Form 990, Part III, Line 4b:

Exhibit - 19

THE ORGANIZATION PROVIDED ASSISTANCE TO 184 MOTHERS/FAMILIES WITH MATERNITY NEEDS SUCH AS PROVIDING CLOTHING, DIAPERS, FOOD ETC AND WAS ADMINISTERED BY STAFF AND VOLUNTEERS.

Page ID #:1387

Name of the organization PREGNANCY CARE CENTER	Employer identification number 33-0576304
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					AGO Connolly	362
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Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i) and 220(a)(1)(A)(v)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	298,865	384,121	444,622	647,121	466,813	2,241,542
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	298,865	384,121	444,622	647,121	466,813	2,241,542
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						2,241,542

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .	298,865	384,121	444,622	647,121	466,813	2,241,542
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	10,349	11,735	12,021	12,468	13,944	60,517
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	10,349	11,735	12,021	12,468	13,944	60,517
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	309,214	395,856	456,643	659,589	480,757	2,302,059

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	97.370 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	97.900 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	2.630 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2.100 %

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒

b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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1

☐ Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

7

☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017.		
b	From 2018.		
c	From 2019.		
d	From 2020.		
e	From 2021.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

2022

Open to Public Inspection

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ Exhibit - 19

b Assets included in Form 990, Part X ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,417	2,761	74,656
d Equipment		299,696	263,166	36,530
e Other		16,842	14,958	1,887
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				113,073

Part VII

Investments - Other Securities.

Page ID #:1399

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	• AGO – Connolly – 372	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

• AGO – Connolly – 373

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 19

Return Reference	Explanation	
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Part XIII**Supplemental Information (continued)**

Page ID #:1401

Exhibit - 19

Return Reference

Explanation

SCHEDULE G
(Form 990)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ACQ - Connolly - 375

Exhibit - 19

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 BANQUET (event type)	(b) Event #2 WALK 4 LIFE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	131,564	52,808	42,250	226,622
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	131,564	52,808	42,250	226,622
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	32,880	3,181	18,126	54,187
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				54,187
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				172,435

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

AGO - Connolly - 37%

Exhibit - 19

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$.

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
Return Reference	Explanation

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Page ID #: 1409

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2022 Open to Public Inspection
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Department of the Treasury
Internal Revenue Service

Name of the organization PREGNANCY CARE CENTER	Employer identification number 33-0576304
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	No review was or will be conducted. <div>• AGO – Connolly – 378</div> <div>Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	<p data-bbox="615 538 1952 611">No documents available to the public.</p> <p data-bbox="3342 502 3395 533">•</p> <p data-bbox="3690 471 4626 564">AGO – Connolly – 379</p> <p data-bbox="4117 688 4626 771">Exhibit - 19</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e	ADVANCEMENT: Column (A) - Total = \$2428; Column (B) - Program Services = \$2428; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

Page ID #: 1407

• AGO – Connolly – 380

Exhibit - 19

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="3610 414 5037 518">• AGO – Connolly – 381</div> <div data-bbox="669 580 5037 777">BABY BOTTLES: Column (A) - Total = \$999; Column (B) - Program Services = \$999; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 642 5037 745">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="3640 440 3698 481">•</div> <div data-bbox="4018 419 5037 523">AGO – Connolly – 382</div> <div data-bbox="669 595 4309 782">Bank Service Charges: Column (A) - Total = \$6700; Column (B) - Program Services = \$0; Column (C) - Management & General = \$6700; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 647 5037 751">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="3610 435 3698 481">•</div> <div data-bbox="3989 414 5037 518">AGO – Connolly – 383</div> <div data-bbox="669 590 4426 782">BOARD EXP: Column (A) - Total = \$808; Column (B) - Program Services = \$0; Column (C) - Management & General = \$808; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 642 5037 745">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	CLEANING: Column (A) - Total = \$8034; Column (B) - Program Services = \$7231; Column (C) - Management & General = \$803; Column (D) - Fundraising = \$0 <div>• AGO – Connolly – 384</div> <div>Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	CLIENT SERVICES: Column (A) - Total = \$1779; Column (B) - Program Services = \$1779; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

Page ID #: 1412

• AGO – Connolly – 385

Exhibit - 19

Return Reference	Explanation
Form 990, Part IX, Line 24e	CLINIC DEVELOPMENT: Column (A) - Total = \$6089; Column (B) - Program Services = \$6089; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

Page ID #: 1413

• AGO – Connolly – 386

Exhibit - 19

Return Reference	<ul style="list-style-type: none">• AGO – Connolly – 387
Form 990, Part IX, Line 24e	DIRECT MAIL: Column (A) - Total = \$6931; Column (B) - Program Services = \$6931; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 Exhibit - 19

Return Reference	Explanation
Form 990, Part IX, Line 24e	DIRECTORS EXP: Column (A) - Total = \$850; Column (B) - Program Services = \$615; Column (C) - Management & General = \$235; Column (D) - Fundraising = \$0 <div>• AGO – Connolly – 388</div> <div>Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p data-bbox="2446 269 3377 393">Page ID #: 1416</p> <p data-bbox="3610 435 5008 518">• AGO – Connolly – 389</p> <p data-bbox="669 590 4426 777">DONATIONS: Column (A) - Total = \$500; Column (B) - Program Services = \$500; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="4484 642 5008 745">Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="3610 414 5037 518">• AGO – Connolly – 390</div> <div data-bbox="669 590 5037 777">DUES & SUBS: Column (A) - Total = \$2969; Column (B) - Program Services = \$0; Column (C) - Management & General = \$2969; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 642 5037 745">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="2446 274 3377 398">Page ID #: 1418</div> <div data-bbox="3610 414 5037 518">• AGO – Connolly – 391</div> <div data-bbox="669 590 4368 777">GIFTS: Column (A) - Total = \$4215; Column (B) - Program Services = \$0; Column (C) - Management & General = \$4215; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 642 5037 745">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div>• AGO – Connolly – 392</div> <div>HEALTH INSURANCE: Column (A) - Total = \$6730; Column (B) - Program Services = \$4866; Column (C) - Management & General = \$1864; Column (D) - Fundraising = \$0</div> <div>Exhibit - 19</div>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e	LANDSCAPING: Column (A) - Total = \$2280; Column (B) - Program Services = \$2052; Column (C) - Management & General = \$228; Column (D) - Fundraising = \$0

Page ID #: 1420

• AGO – Connolly – 393

Exhibit - 19

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="3610 414 5037 518">• AGO – Connolly – 394</div> <div data-bbox="669 580 5037 777">LICENSES: Column (A) - Total = \$779; Column (B) - Program Services = \$0; Column (C) - Mana gement & General = \$779; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 642 5037 745">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div data-bbox="2446 269 3377 393">Page ID #: 1422</div> <div data-bbox="3610 414 5066 518">• AGO – Connolly – 395</div> <div data-bbox="669 580 5037 777">MISC MEALS: Column (A) - Total = \$1999; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1999; Column (D) - Fundraising = \$0</div> <div data-bbox="4484 642 5066 745">Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p>MISC MILEAGE & PARKING: Column (A) - Total = \$1434; Column (B) - Program Services = \$1290; Column (C) - Management & General = \$144; Column (D) - Fundraising = \$0</p> <p>• AGO – Connolly – 396</p> <p>Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p data-bbox="2446 269 3377 393">Page ID #: 1424</p> <p data-bbox="3610 435 5008 518">• AGO – Connolly – 397</p> <p data-bbox="669 590 5008 777">PARENTING EDUCATION: Column (A) - Total = \$170; Column (B) - Program Services = \$170; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="4484 642 5008 745">Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p data-bbox="3640 414 5037 518">• AGO – Connolly – 398</p> <p data-bbox="669 590 5037 777">POST ABORTION EDUCATION: Column (A) - Total = \$2326; Column (B) - Program Services = \$2326 ; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="4513 652 5037 745">Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p>• AGO – Connolly – 399</p> <p>Postage and Shipping: Column (A) - Total = \$4513; Column (B) - Program Services = \$4062; Column (C) - Management & General = \$451; Column (D) - Fundraising = \$0</p> <p>Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p data-bbox="3640 414 5037 518">• AGO – Connolly – 400</p> <p data-bbox="669 590 5037 777">Printing and Publications: Column (A) - Total = \$3832; Column (B) - Program Services = \$0; Column (C) - Management & General = \$3832; Column (D) - Fundraising = \$0</p> <p data-bbox="4513 642 5037 745">Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p data-bbox="3640 414 5037 518">• AGO – Connolly – 401</p> <p data-bbox="669 590 5037 777">PROCESSING FEE: Column (A) - Total = \$463; Column (B) - Program Services = \$335; Column (C) - Management & General = \$128; Column (D) - Fundraising = \$0</p> <p data-bbox="4513 642 5037 745">Exhibit - 19</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e	Refunds: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

• AGO – Connolly – 402

Exhibit - 19

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div>• AGO – Connolly – 403</div> <div>Repairs & Maintenance: Column (A) - Total = \$5233; Column (B) - Program Services = \$4710; Column (C) - Management & General = \$523; Column (D) - Fundraising = \$0</div> <div>Exhibit - 19</div>

Return Reference	Explanation
	• AGO – Connolly – 404
Form 990, Part IX, Line 24e	SOHL SUNDAY: Column (A) - Total = \$1381; Column (B) - Program Services = \$1381; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 Exhibit - 19

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div>• AGO – Connolly – 405</div> <div>Taxes & Licenses: Column (A) - Total = \$2553; Column (B) - Program Services = \$2298; Column (C) - Management & General = \$255; Column (D) - Fundraising = \$0</div> <div>Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<div>• AGO – Connolly – 406</div> <div>WEBSITE: Column (A) - Total = \$3036; Column (B) - Program Services = \$0; Column (C) - Mana gement & General = \$3036; Column (D) - Fundraising = \$0</div> <div>Exhibit - 19</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e	<p data-bbox="3640 440 3698 481">•</p> <p data-bbox="4018 419 5037 523">AGO – Connolly – 407</p> <p data-bbox="4484 647 5037 751">Exhibit - 19</p> <p data-bbox="669 590 4513 782">WORKERS' COMP: Column (A) - Total = \$4238; Column (B) - Program Services = \$3064; Column (C) - Management & General = \$1174; Column (D) - Fundraising = \$0</p>

EXHIBIT 20

Part III **Statement of Program Service Accomplishments**

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Check if Schedule O contains a response or note to any item in this part: ☐**1** Briefly describe the organization's mission:

TO ASSIST WOMEN IN CRISIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 303,872 including grants of \$) (Revenue \$)
	See Additional Data

4b	(Code:) (Expenses \$ 70,415 including grants of \$) (Revenue \$)
	See Additional Data

4c	(Code:) (Expenses \$ 50,338 including grants of \$) (Revenue \$)
	See Additional Data

• AGO - Connolly - 410

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

Exhibit - 20

4e	Total program service expenses ▶	424,625
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	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Exhibit - 20

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		No

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 1 through 10 below, and for each "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		No
b Each committee with authority to act on behalf of the governing body?	8b		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) **AGO - Connolly - 414**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **Exhibit - 20**

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ **MILES J MCCLURE S MAGNOLIA AVE EL CAJON, CA 92020 (619) 442-4357**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								75,375		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
	3	No
	4	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
	• AGO – Connolly – 416	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	52,292		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	594,829		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f ▶	647,121			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue.				
	g	Total. Add lines 2a-2f. ▶	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	12,468	12,468		
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss) ▶			0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss) ▶			0	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	257,627		
	b	Less: direct expenses	8b	49,404		
	c	Net income or (loss) from fundraising events . . . ▶			208,223	
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities . . . ▶			0	
	10a	Gross sales of inventory, less returns and allowances . . .	10a			
	b	Less: cost of goods sold . . .	10b			
	c	Net income or (loss) from sales of inventory . . . ▶			0	
11a	Miscellaneous Revenue	Business Code				
b						
c						
d	All other revenue			• AGO – Connolly – 417		
e	Total. Add lines 11a-11d ▶			0	Exhibit - 20	
12	Total revenue. See instructions ▶			867,812	12,468	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	75,375	37,688	37,687	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	218,157	197,057	21,100	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	17,485	12,640	4,845	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,738	16,484	1,254	
12 Advertising and promotion	28,616		28,616	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	48,913	44,022	4,891	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	336	336		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,116	28,004	3,112	
23 Insurance	7,567	3,048	4,519	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	13,029	11,726	1,303	
b GENERAL OFFICE SUPPLIES	12,444	11,200	1,244	
c Bank Service Charges	11,479		11,479	
d Telephone	8,833	7,950	883	
e All other expenses	85,083	54,470	30,613	
25 Total functional expenses. Add lines 1 through 24e	576,171	424,625	151,546	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		270,731	1	254,861	
	2	Savings and temporary cash investments		578,557	2	861,618	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4	0	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges			9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	478,607			
	b	Less: accumulated depreciation	10b	338,500	126,891	10c	140,107
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11			15	0	
16	Total assets. Add lines 1 through 15 (must equal line 33)		976,179	16	1,256,586		
Liabilities	17	Accounts payable and accrued expenses		7,115	17	8,450	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1	25	1	
	26	Total liabilities. Add lines 17 through 25		7,116	26	8,451	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		969,063	27	1,248,135	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		969,063	32	1,248,135		
33	Total liabilities and net assets/fund balances		976,179	33	1,256,586		

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Exhibit - 20

Part XI Reconciliation of Net Assets

Document 30-1

Filed 11/04/24

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	867,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	576,171
3	Revenue less expenses. Subtract line 2 from line 1	3	291,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	969,063
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-12,569
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,248,135

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a

No

2b

No

2c

3a

No

3b

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Exhibit - 20

Additional Data

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Page ID #:1448

Software ID: 24019475

Software Version: 2021v4.1

EIN: 33-0576304

Name: PREGNANCY CARE CENTER

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Form 990 (2021)

Exhibit - 20

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDED TRAINED NURSES AND FACILITIES WHO PERFORMED 412 FREE PREGNANCY TESTS, AND 260 FREE ULTRASOUND TESTS IN 2021.

Form 990, Part III, Line 4b:

Exhibit - 20

THE ORGANIZATION PROVIDED ASSISTANCE TO 184 MOTHERS/FAMILIES WITH MATERNITY NEEDS SUCH AS PROVIDING CLOTHING, DIAPERS, FOOD ETC AND WAS ADMINISTERED BY STAFF AND VOLUNTEERS.

Page ID #:1449

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As Filed Data -

DLN: 93493319266342

2410055-0047

SCHEDULE A

(Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Name of the organization

PREGNANCY CARE CENTER

Employer identification number

33-0576304

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					AGO - Connolly	424
Total					Exhibit - 20	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 213(a)(6)

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2020 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	401,285	298,865	384,121	444,622	647,121	2,176,014
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	401,285	298,865	384,121	444,622	647,121	2,176,014
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						2,176,014

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .	401,285	298,865	384,121	444,622	647,121	2,176,014
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	71	10,349	11,735	12,021	12,468	46,644
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	71	10,349	11,735	12,021	12,468	46,644
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	401,356	309,214	395,856	456,643	659,589	2,222,658
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	97.900 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	98.150 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	2.100 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	1.850 %
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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<div><div><input type="checkbox"/></div><div>1</div></div> Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>7</div></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Exhibit - 20

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

• AGO – Connolly – 431

Facts And Circumstances Test

Exhibit - 20

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1

►

Exhibit - 20

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,417	85,796	81,621
d Equipment		294,348	239,111	55,237
e Other		16,842	13,593	3,249
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				140,107

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) Rounding	1
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

• AGO – Connolly – 435

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 20

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

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Exhibit - 20

Return Reference

Explanation

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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
**Open to Public
Inspection**

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ACQ - Connolly - 437
Exhibit - 20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 BANQUET (event type)	(b) Event #2 WALK 4 LIFE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	156,296	52,399	44,123	252,818
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	156,296	52,399	44,123	252,818
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	30,745	4,086	13,710	48,541
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				48,541
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				204,277

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

AGO - Connolly - 436

Exhibit - 20

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11 Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$.

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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AG0 – Connolly – 439
Exhibit – 20

Schedule G (Form 990) 2021

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection
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Department of the Treasury
Internal Revenue Service

Name of the organization PREGNANCY CARE CENTER	Employer identification number 33-0576304
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	No review was or will be conducted. <ul style="list-style-type: none">• AGO – Connolly – 440 Exhibit - 20

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	<p data-bbox="483 424 1533 486">No documents available to the public.</p> <ul style="list-style-type: none"><li data-bbox="2625 590 3633 663">• AGO – Connolly – 441 <p data-bbox="3234 766 3633 839">Exhibit - 20</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>ADVANCEMENT : Column (A) - Total = \$405; Column (B) - Program Services = \$405; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 442 Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	BABY BOTTLES: Column (A) - Total = \$529; Column (B) - Program Services = \$529; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 443 Exhibit - 20</div>

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Page ID #: 1471

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	BOARD EXP: Column (A) - Total = \$514; Column (B) - Program Services = \$0; Column (C) - Management & General = \$514; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 444 Exhibit - 20</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	CLEANING: Column (A) - Total = \$8624; Column (B) - Program Services = \$7762; Column (C) - Management & General = \$862; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 445 Exhibit - 20</div>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>CLIENT SERVICES: Column (A) - Total = \$867; Column (B) - Program Services = \$867; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 446 Exhibit - 20</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>CLINIC DEVELOPMENT: Column (A) - Total = \$7783; Column (B) - Program Services = \$7783; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 447</p> <p>Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	DIRECT MAIL: Column (A) - Total = \$4620; Column (B) - Program Services = \$4620; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 448 Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	DIRECTORS EXP: Column (A) - Total = \$850; Column (B) - Program Services = \$615; Column (C) - Management & General = \$235; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 449 Exhibit - 20</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	DONATIONS: Column (A) - Total = \$500; Column (B) - Program Services = \$500; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 450</div> <div>Exhibit - 20</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>DUES & SUBS: Column (A) - Total = \$2526; Column (B) - Program Services = \$0; Column (C) - Management & General = \$2526; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 451 Exhibit - 20</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	GIFTS: Column (A) - Total = \$6362; Column (B) - Program Services = \$0; Column (C) - Manage ment & General = \$6362; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 452 Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p data-bbox="2246 253 3101 362">Page ID #: 1480</p> <p data-bbox="615 538 4171 704">HEALTH INSURANCE: Column (A) - Total = \$6459; Column (B) - Program Services = \$4670; Column (C) - Management & General = \$1789; Column (D) - Fundraising = \$0</p> <p data-bbox="3690 466 4626 559">AGO – Connolly – 453</p> <p data-bbox="4117 694 4626 787">Exhibit - 20</p>

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Page ID #: 1481

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	LANDSCAPING: Column (A) - Total = \$2070; Column (B) - Program Services = \$1863; Column (C) - Management & General = \$207; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 454 Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	LICENSES: Column (A) - Total = \$1020; Column (B) - Program Services = \$0; Column (C) - Man agement & General = \$1020; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 455 Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>MEDICAL & LAB SUPPLIES: Column (A) - Total = \$6477; Column (B) - Program Services = \$6477; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>•</p> <p>AGO – Connolly – 456</p> <p>Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Page ID #: 1484

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	MISC MEALS: Column (A) - Total = \$871; Column (B) - Program Services = \$0; Column (C) - Management & General = \$871; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 457 Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>MISC MILEAGE: Column (A) - Total = \$1896; Column (B) - Program Services = \$1707; Column (C) - Management & General = \$189; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 458 Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>PARENTING EDUCATION: Column (A) - Total = \$118; Column (B) - Program Services = \$118; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 459</p> <p>Exhibit - 20</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p data-bbox="2272 253 3128 367">Page ID #: 1487</p> <p data-bbox="615 543 4171 709">POST ABORTION EDUCATION: Column (A) - Total = \$108; Column (B) - Program Services = \$108; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="3716 471 4626 564">• AGO – Connolly – 460</p> <p data-bbox="4144 699 4626 792">Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>Postage and Shipping: Column (A) - Total = \$5427; Column (B) - Program Services = \$4885; Column (C) - Management & General = \$542; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 461 Exhibit - 20</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p data-bbox="3690 466 4626 559">• AGO – Connolly – 462</p> <p data-bbox="615 538 3850 704">Printing and Publications: Column (A) - Total = \$4351; Column (B) - Program Services = \$0; Column (C) - Management & General = \$4351; Column (D) - Fundraising = \$0</p> <p data-bbox="4117 694 4626 787">Exhibit - 20</p>

990 Schedule O, Supplemental Information

Case 2:24-cv-08468-HDV-MAR

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	PROCESSING FEE: Column (A) - Total = \$438; Column (B) - Program Services = \$316; Column (C) - Management & General = \$122; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 463</div> <div>Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>Refunds: Column (A) - Total = \$1411; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1411; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 464</p> <p>Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Repairs & Maintenance: Column (A) - Total = \$5140; Column (B) - Program Services = \$4626; Column (C) - Management & General = \$514; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 465 Exhibit - 20</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>SOHL SUNDAY: Column (A) - Total = \$1459; Column (B) - Program Services = \$1459; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 466</p> <p>Exhibit - 20</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>Taxes & Licenses: Column (A) - Total = \$2445; Column (B) - Program Services = \$2200; Column (C) - Management & General = \$245; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 467</p> <p>Exhibit - 20</p>

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>WEBSITE: Column (A) - Total = \$7719; Column (B) - Program Services = \$0; Column (C) - Management & General = \$7719; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 468</p> <p>Exhibit - 20</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	WORKERS' COMP: Column (A) - Total = \$4094; Column (B) - Program Services = \$2960; Column (C) - Management & General = \$1134; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 469 Exhibit - 20</div>

EXHIBIT 21

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319293181

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OMB No. 1545-0047

990

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PREGNANCY CARE CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
677 S MAGNOLIA AVE

City or town, state or province, country, and ZIP or foreign postal code
EL CAJON, CA 92020

F Name and address of principal officer:

677 S MAGNOLIA AVE
EL CAJON, CA 92020

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number

33-0576304

E Telephone number

(619) 442-4357

G Gross receipts \$ 696,383

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO ASSIST WOMEN IN CRISIS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

444,622481,194

0

11,44612,021

162,370168,617

618,438661,832

0

0

270,809326,087

0

218,293228,972

489,102555,059

129,336106,773

Beginning of Current Year

End of Year

865,693976,179

3,4037,116

862,290969,063

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2021-11-15

Date

MILES J MCCLURE Executive Dir.

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00459790

Firm's name ▶ Class Advisors Inc

Firm's EIN ▶ 46-5453710

Firm's address ▶ 6160 Mission Gorge Road Suite 205

San Diego, CA 92120

Phone no. (619) 282-7126

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Exhibit - 21

Part III **Statement of Program Service Accomplishments**

Document 30-1

Filed 11/04/24

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Page ID #: 1499

Check if Schedule O contains a response or note to any item in this part. ☐**1** Briefly describe the organization's mission:

TO ASSIST WOMEN IN CRISIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 237,232 including grants of \$) (Revenue \$)
See Additional Data	

4b	(Code:) (Expenses \$ 96,422 including grants of \$) (Revenue \$)
See Additional Data	

4c	(Code:) (Expenses \$ 69,970 including grants of \$) (Revenue \$)
See Additional Data	

• AGO - Connolly - 472

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	Exhibit - 21

4e	Total program service expenses ▶	403,624
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	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

AGO - Connolly - 2024

Exhibit

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 0474
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

Part VI Governance, Management, and Disclosure For each response to lines 1 through 7 below, and for each response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		No
b Each committee with authority to act on behalf of the governing body?	8b		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 Did the organization have a written whistleblower policy?	13		No
14 Did the organization have a written document retention and destruction policy?	14		No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		No
b Other officers or key employees of the organization	15b		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) **AGO – Connolly – 476**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **Exhibit - 21**

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ **MILES J MCCLURE S MAGNOLIA AVE EL CAJON, CA 92020 (619) 442-4357**

☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	52,200				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	428,994				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶			481,194				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue.						
9 Total. Add lines 2a-2f. ▶			0					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶		12,021	12,021			
	4 Income from investment of tax-exempt bond proceeds ▶		0					
	5 Royalties ▶		0					
	6a	(i) Real	(ii) Personal					
		6a						
		b	Less: rental expenses					6b
	c	Rental income or (loss)	6c					
	d Net rental income or (loss) ▶			0				
	7a	(i) Securities	(ii) Other					
		7a						
		b	Less: cost or other basis and sales expenses					7b
	c	Gain or (loss)	7c					
	d Net gain or (loss) ▶			0				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	203,168				
	b Less: direct expenses		8b	34,551				
	c Net income or (loss) from fundraising events . . . ▶			168,617				
	9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses		9b					
c Net income or (loss) from gaming activities . . . ▶			0					
10a Gross sales of inventory, less returns and allowances . . .		10a						
b Less: cost of goods sold . . .		10b						
c Net income or (loss) from sales of inventory . . . ▶			0					
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d All other revenue				•	AGO – Connolly – 479			
e Total. Add lines 11a-11d ▶			0		Exhibit - 21			
12 Total revenue. See instructions ▶			661,832	12,021				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	75,516	37,758	37,758	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	209,903	178,300	31,603	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	40,668	29,403	11,265	
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,127		2,127	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	30,200		30,200	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	48,913	44,022	4,891	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,601	24,841	2,760	
23 Insurance	7,287	3,097	4,190	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	12,334	11,101	1,233	
b DIRECT MAIL	10,911	10,911		
c GENERAL OFFICE SUPPLIES	9,516	8,564	952	
d CLEANING	8,924	8,032	892	
e All other expenses	71,159	47,595	23,564	
25 Total functional expenses. Add lines 1 through 24e	555,059	403,624	151,435	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		144,733	1	270,731	
	2	Savings and temporary cash investments		566,968	2	578,557	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4	0	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges			9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	434,275			
	b	Less: accumulated depreciation	10b	307,384	153,992	10c	126,891
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11			15	0	
16	Total assets. Add lines 1 through 15 (must equal line 33)		865,693	16	976,179		
Liabilities	17	Accounts payable and accrued expenses		3,403	17	7,115	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	1	
	26	Total liabilities. Add lines 17 through 25		3,403	26	7,116	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		862,290	27	969,063	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		862,290	32	969,063		
33	Total liabilities and net assets/fund balances		865,693	33	976,179		

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Exhibit - 21

Part XI Reconciliation of Net Assets

Document 30-1

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Page ID #: 1509

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	661,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	555,059
3	Revenue less expenses. Subtract line 2 from line 1	3	106,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	862,290
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	969,063

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Page ID #: 1510
Software ID: 20011551

Software Version: 2020v4.0

EIN: 33-0576304

Name: PREGNANCY CARE CENTER

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Form 990 (2020)

Exhibit - 21

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDED TRAINED NURSES AND FACILITIES WHO PERFORMED 389 FREE PREGNANCY TESTS, AND 219 FREE ULTRASOUND TESTS IN 2020.

Form 990, Part III, Line 4b:

Exhibit - 21

THE ORGANIZATION PROVIDED ASSISTANCE TO 91 MOMS/FAMILIES WITH MATERNITY NEEDS SUCH AS PROVIDING CLOTHING, DIAPERS, FOOD ETC AND WAS ADMINISTERED BY STAFF AND VOLUNTEERS.

Page ID #:1511

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					AGO Connolly	486
Total					Exhibit	21

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 2601(A)(v)

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2019 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	292,123	401,285	298,865	384,121	444,622	1,821,016
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	292,123	401,285	298,865	384,121	444,622	1,821,016
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						1,821,016

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .	292,123	401,285	298,865	384,121	444,622	1,821,016
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	68	71	10,349	11,735	12,021	34,244
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	68	71	10,349	11,735	12,021	34,244
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	292,191	401,356	309,214	395,856	456,643	1,855,260
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	98.150 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	98.710 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	1.850 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1.290 %
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

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Part V **Section A - Non-functionally integrated 509(a)(1) supporting organizations** Page ID # 1518

1 ☐ Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

• AGO – Connolly – 493

Facts And Circumstances Test

Exhibit - 21

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

2020

Open to Public Inspection

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1

▶ Exhibit - 21

b

Assets included in Form 990, Part X

▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,417	78,831	88,586
d Equipment		250,016	216,334	33,682
e Other		16,842	12,218	4,623
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				126,891

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Rounding	1
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

• AGO – Connolly – 497

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 21

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

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Exhibit - 21

Return Reference

Explanation

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PREGNANCY CARE CENTER

Employer identification number
33-0576304

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <u>BANQUET</u> (event type)	(b) Event #2 <u>GOLF TOURNAMENT</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	127,463	42,539	33,166	203,168
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	127,463	42,539	33,166	203,168
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,144	11,968	1,439	34,551
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				34,551
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				168,617

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
PREGNANCY CARE CENTER

Employer identification number

33-0576304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	No review was or will be conducted. <ul style="list-style-type: none">• AGO – Connolly – 502 Exhibit - 21

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	<p data-bbox="483 424 1533 486">No documents available to the public.</p> <ul style="list-style-type: none"><li data-bbox="2625 590 3633 652">• AGO – Connolly – 503 <p data-bbox="3234 756 3633 818">Exhibit - 21</p>

990 Schedule O, Supplemental Information

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Explanation

Return Reference	
Form 990, Part IX, Line 24e: Other Expenses	<p data-bbox="3690 466 4626 559">• AGO – Connolly – 504</p> <p data-bbox="615 538 4144 709">ABSTINANCE EDUCATION: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="4117 683 4626 777">Exhibit - 21</p>

990 Schedule O, Supplemental Information

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Explanation

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	ADVANCEMENT: Column (A) - Total = \$588; Column (B) - Program Services = \$588; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 505 Exhibit - 21</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	BABY BOTTLES: Column (A) - Total = \$721; Column (B) - Program Services = \$721; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 506 Exhibit - 21</div>

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Explanation

Return Reference	
Form 990, Part IX, Line 24e: Other Expenses	<p>Bank Service Charges: Column (A) - Total = \$4888; Column (B) - Program Services = \$0; Column (C) - Management & General = \$4888; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 507</p> <p>Exhibit - 21</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	BOARD EXP: Column (A) - Total = \$532; Column (B) - Program Services = \$0; Column (C) - Management & General = \$532; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 508</div> <div>Exhibit - 21</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	CLIENT SERVICES: Column (A) - Total = \$1270; Column (B) - Program Services = \$1270; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 509 Exhibit - 21</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	CLINIC DEVELOPMENT: Column (A) - Total = \$4150; Column (B) - Program Services = \$4150; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 510 Exhibit - 21</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	CONFERENCE EXPENSES: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 511 Exhibit - 21</div>

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Explanation

Return Reference	
Form 990, Part IX, Line 24e: Other Expenses	DIRECTORS EXP: Column (A) - Total = \$840; Column (B) - Program Services = \$607; Column (C) - Management & General = \$233; Column (D) - Fundraising = \$0

AGO – Connolly – 512

Exhibit - 21

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	DONATIONS: Column (A) - Total = \$500; Column (B) - Program Services = \$500; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

AGO – Connolly – 513

Exhibit - 21

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	DUES & SUBS: Column (A) - Total = \$1800; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1800; Column (D) - Fundraising = \$0

AGO – Connolly – 514

Exhibit - 21

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	GIFTS: Column (A) - Total = \$1793; Column (B) - Program Services = \$0; Column (C) - Manage ment & General = \$1793; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 515 Exhibit - 21</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>HEALTH INSURANCE: Column (A) - Total = \$6613; Column (B) - Program Services = \$4781; Column (C) - Management & General = \$1832; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 516 Exhibit - 21</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	LANDSCAPING: Column (A) - Total = \$2160; Column (B) - Program Services = \$1944; Column (C) - Management & General = \$216; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 517 Exhibit - 21</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	LICENSES: Column (A) - Total = \$614; Column (B) - Program Services = \$0; Column (C) - Mana gement & General = \$614; Column (D) - Fundraising = \$0

AGO – Connolly – 518

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>MEDICAL & LAB SUPPLIES: Column (A) - Total = \$4454; Column (B) - Program Services = \$4454; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 519 Exhibit - 21</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	MISC MEALS: Column (A) - Total = \$1115; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1115; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 520 Exhibit - 21</div>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	MISC MILEAGE: Column (A) - Total = \$1737; Column (B) - Program Services = \$1563; Column (C) - Management & General = \$174; Column (D) - Fundraising = \$0

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AGO – Connolly – 521

Exhibit - 21

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p data-bbox="3690 466 4626 559">AGO – Connolly – 522</p> <p data-bbox="598 528 4198 714">MOMS HELPING MOMS: Column (A) - Total = \$116; Column (B) - Program Services = \$116; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="4117 673 4626 766">Exhibit - 21</p>

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Explanation

Return Reference	
Form 990, Part IX, Line 24e: Other Expenses	<p>PARENTING EDUCATION: Column (A) - Total = \$87; Column (B) - Program Services = \$87; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 523</p> <p>Exhibit - 21</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p data-bbox="2272 253 3128 367">Page ID #: 1551</p> <p data-bbox="615 533 4198 709">POST ABORTION EDUCATION: Column (A) - Total = \$892; Column (B) - Program Services = \$892; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0</p> <p data-bbox="3716 471 4626 564">AGO – Connolly – 524</p> <p data-bbox="4144 688 4626 782">Exhibit - 21</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Postage and Shipping: Column (A) - Total = \$5389; Column (B) - Program Services = \$4850; Column (C) - Management & General = \$539; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 525 Exhibit - 21</div>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>Printing and Publications: Column (A) - Total = \$3987; Column (B) - Program Services = \$0; Column (C) - Management & General = \$3987; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 526 Exhibit - 21</p>

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Explanation

Return Reference	
Form 990, Part IX, Line 24e: Other Expenses	<p>PROCESSING FEE: Column (A) - Total = \$434; Column (B) - Program Services = \$314; Column (C) - Management & General = \$120; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 527</p> <p>Exhibit - 21</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	<p>Repairs & Maintenance: Column (A) - Total = \$6034; Column (B) - Program Services = \$5431; Column (C) - Management & General = \$603; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 528 Exhibit - 21</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	SOHL SUNDAY: Column (A) - Total = \$1890; Column (B) - Program Services = \$1890; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

AGO – Connolly – 529

Exhibit - 21

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	SPECIAL PROJECTS EXPENSES: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

AGO – Connolly – 530

Exhibit - 21

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Taxes & Licenses: Column (A) - Total = \$2122; Column (B) - Program Services = \$1910; Column (C) - Management & General = \$212; Column (D) - Fundraising = \$0

AGO – Connolly – 531

Exhibit - 21

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Explanation

Return Reference	
Form 990, Part IX, Line 24e: Other Expenses	<p>Telephone: Column (A) - Total = \$8421; Column (B) - Program Services = \$7579; Column (C) - Management & General = \$842; Column (D) - Fundraising = \$0</p> <p>AGO – Connolly – 532</p> <p>Exhibit - 21</p>

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	WEBSITE: Column (A) - Total = \$2552; Column (B) - Program Services = \$0; Column (C) - Mana gement & General = \$2552; Column (D) - Fundraising = \$0

AGO – Connolly – 533

Exhibit - 21

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Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	WORKERS' COMP: Column (A) - Total = \$5460; Column (B) - Program Services = \$3948; Column (C) - Management & General = \$1512; Column (D) - Fundraising = \$0 <div>AGO – Connolly – 534 Exhibit - 21</div>

EXHIBIT 22

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320006073

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OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SCV PREGNANCY CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
25174 RYE CANYON ROAD

City or town, state or province, country, and ZIP or foreign postal code
SANTA CLARITA, CA 91355

F Name and address of principal officer:
ANGELA BENNETT
25174 RYE CANYON RD
SANTA CLARITA, CA 91355

D Employer identification number
95-4069854

E Telephone number
(661) 255-0084

G Gross receipts \$ 830,760

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PROVIDING FREE INFORMATION, EDUCATION AND MEDICAL CLINIC SERVICES TO WOMEN FACING UNPLANNED PREGNANCIES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	573,779	588,319
9 Program service revenue (Part VIII, line 2g)	7,333	6,301
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,248	187,219
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	805,360	781,839

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	379,860	470,101
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶172,358		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	204,354	222,213
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	584,214	692,314
19 Revenue less expenses. Subtract line 18 from line 12	221,146	89,525

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,002,278	2,089,653
21 Total liabilities (Part X, line 26)	3,789	2,117
22 Net assets or fund balances. Subtract line 21 from line 20	1,998,489	2,087,536

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

ANGELA BENNETT PRESIDENT & CEO

Type or print name and title

2023-11-15

Date

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01438131

Firm's name ▶ ARXIS FINANCIAL INC

Firm's EIN ▶ 95-4557548

Firm's address ▶ 2468 TAPO CANYON ROAD

Phone no. (805) 306-7890

SIMI VALLEY, CA 93063

AGO – Connolly – 536

Exhibit - 22

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Part III **Statement of Program Service Accomplishments**

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Check if Schedule O contains a response or note to any item in this Part III. ☐**1** Briefly describe the organization's mission:

PROVIDING FREE INFORMATION, EDUCATION AND MEDICAL CLINIC SERVICES TO WOMEN FACING UNPLANNED PREGNANCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:)	(Expenses \$ 426,553	including grants of \$	(Revenue \$ 236,141)
See Additional Data				

4b	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4d Other program services (Describe in Schedule O.)

(Expenses \$	including grants of \$	(Revenue \$
--------------	------------------------	-------------

4e	Total program service expenses ▶	426,553
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• AGO – Connolly – 537

Exhibit - 22

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

AGO - Connolly - 20a

Exhibit - 22

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Exhibit - 22

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders				11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				16	No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.				17	

Part VI **Supervision, Management, and Disclosure** For each "Yes" response to lines 1 through 10 below, and for each "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **Page ID# 1568**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5	
1b Enter the number of voting members included in line 1a, above, who are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request ☐ Other (explain in Schedule O) **AGO - Connolly - 541**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **Exhibit - 22**

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ANGELA BENNETT 25174 RYE CANYON BLVD SANTA CLARITA, CA 91355 (661) 255-0084

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Page ID #1570 Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								95,000	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•	AGO – Connolly – 543	
	Exhibit – 22	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	588,319				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f	588,319					
Program Service Revenue			Business Code					
	2a	CLINIC SERVICES	624100	6,301	6,301			
	b							
	c							
	d							
	e							
	f	All other program service revenue.						
	g	Total. Add lines 2a-2f.	6,301					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)					
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d		Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	236,140				
			b	Less: direct expenses	8b	48,921		
			c		Net income or (loss) from fundraising events	187,219	187,219	
9a	Gross income from gaming activities. See Part IV, line 19	9a						
		b	Less: direct expenses	9b				
		c		Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	10a						
		b	Less: cost of goods sold	10b				
		c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue			•	AGO – Connolly – 544			
e	Total. Add lines 11a-11d				Exhibit - 22			
12	Total revenue. See instructions		781,839	6,301	0	187,219		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	447,861	271,780	62,663	113,418
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	22,240	13,476	3,119	5,645
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	8,121		8,121	
b Legal				
c Accounting	1,866		1,866	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	16,472	16,472		
13 Office expenses	18,446	13,717	1,877	2,852
14 Information technology	24,652	18,332	2,508	3,812
15 Royalties				
16 Occupancy	11,323	8,420	1,152	1,751
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,633	19,061	2,608	3,964
23 Insurance	22,166	16,483	2,255	3,428
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER FUNDRAISING COSTS	24,495			24,495
b TAXES	16,015	11,909	1,630	2,476
c MISCELLANEOUS	12,921	9,608	1,315	1,998
d TELEPHONE	9,845	5,965	1,381	2,499
e All other expenses	30,258	21,330	2,908	6,020
25 Total functional expenses. Add lines 1 through 24e	692,314	426,553	93,403	172,358
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Exhibit - 22

Check if Schedule O contains a response or note to any line in this Part X: ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		464,032	1	288,835	
	2	Savings and temporary cash investments		232,167	2	498,658	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,385,353			
	b	Less: accumulated depreciation	10b	127,103	1,277,885	10c	1,258,250
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		8,200	14	8,200	
	15	Other assets. See Part IV, line 11		19,994	15	35,710	
16	Total assets. Add lines 1 through 15 (must equal line 33)		2,002,278	16	2,089,653		
Liabilities	17	Accounts payable and accrued expenses		250	17	552	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		2,974	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		565	25	1,565	
	26	Total liabilities. Add lines 17 through 25		3,789	26	2,117	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,998,489	27	2,087,536	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		1,998,489	32	2,087,536		
33	Total liabilities and net assets/fund balances		2,002,278	33	2,089,653		

• AGO – Controllly – 546

Exhibit - 22

Part XI Reconciliation of Net Assets

Document 30-1

Filed 11/04/24

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	781,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	692,314
3	Revenue less expenses. Subtract line 2 from line 1	3	89,525
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,998,489
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-478
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,087,536

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Exhibit - 22

Additional Data

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Software ID:

Software Version:

EIN: 95-4069854

Name: SCV PREGNANCY CENTER

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Form 990 (2022)

Exhibit - 22

Form 990, Part III, Line 4a:

PROVIDING FREE INFORMATION, EDUCATION AND MEDICAL CLINIC SERVICES TO WOMEN FACING UNPLANNED PREGNANCIES.

efile GRAPHIC print - DO NOT PROCESS

Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 549 of 664

DLN: 93493320006073

09/05/25-0047

SCHEDULE A

(Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Name of the organization

SCV PREGNANCY CENTER

Employer identification number

95-4069854

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					AGO Connolly	549
					Exhibit	22
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i) and 220(a)(1)(A)(i)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	828,099	733,228	503,569	573,779	588,319	3,226,994
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	828,099	733,228	503,569	573,779	588,319	3,226,994
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6	Public support. Subtract line 5 from line 4.						3,226,994

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4. . .	828,099	733,228	503,569	573,779	588,319	3,226,994
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .			283			283
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						3,227,277
12	Gross receipts from related activities, etc. (see instructions)						12
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14 99.990 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15 99.990 %
16a	33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.). .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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<div><div><input type="checkbox"/></div><div>1</div></div> Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		Page ID #: 1581	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>7</div></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017.		
b	From 2018.		
c	From 2019.		
d	From 2020.		
e	From 2021.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

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Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SCV PREGNANCY CENTER

Employer identification number
95-4069854

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ b Assets included in Form 990, Part X ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,140		411,140
b Buildings		548,280	69,725	478,555
c Leasehold improvements		405,933	60,983	354,950
d Equipment				
e Other		20,000	6,398	13,605
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,258,250

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
ALLOCATED FUNDS	1,565
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,565

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 22

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

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Exhibit - 22

Return Reference

Explanation

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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SCV PREGNANCY CENTER

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Employer identification number
95-4069854

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Exhibit - 22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 BABY BOTTLE FUNDRAISER (event type)	(b) Event #2 WALK FOR LIFE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	70,403	92,787	72,950	236,140
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	70,403	92,787	72,950	236,140
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs			5,466	5,466
7	Food and beverages		751		751
8	Entertainment				
9	Other direct expenses	3,126	11,590	27,988	42,704
10	Direct expense summary. Add lines 4 through 9 in column (d) ►				48,921
11	Net income summary. Subtract line 10 from line 3, column (d) ►				187,219

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ►				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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Exhibit - 22

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11

Does the organization conduct gaming activities with nonmembers?

YesNo

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YesNo

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

YesNo

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$.

Description of services provided ▶

Director/officer

Employee

Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

YesNo

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$.

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

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Exhibit – 22

Schedule G (Form 990) 2022

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2022 Open to Public Inspection
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Department of the Treasury
Internal Revenue Service

Name of the organization SCV PREGNANCY CENTER	Employer identification number 95-4069854
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	• AGO – Connolly – 565 Exhibit - 22

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	RETURNS DISTRIBUTED TO THE BOARD OF DIRECTORS <div>•</div> <div>AGO – Connolly – 566</div> <div>Exhibit - 22</div>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED ANNUALLY FOR PERSONAL OR PROFESSIONAL RELATI ONSHIPS THAT COULD GIVE RISE TO CONFLICTS. A LIST OF VENDORS IS ALSO REVIEWED BY THE BOARD ANNUALLY FOR COMPLIANCE PURPOSES. <div>AGO – Connolly – 567 Exhibit - 22</div>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, INCLUDING THE 990. <div>AGO – Connolly – 568 Exhibit - 22</div>

EXHIBIT 23

Part III **Statement of Program Service Accomplishments**

Document 30-1

Filed 11/04/24

Page 571 of 664

Check if Schedule O contains a response or note to any item in this Part ☐

Page ID #: 1598

1 Briefly describe the organization's mission:

PROVIDING FREE INFORMATION, EDUCATION AND MEDICAL CLINIC SERVICES TO WOMEN FACING UNPLANNED PREGNANCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 367,878 including grants of \$) (Revenue \$)
See Additional Data**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$ **Exhibit - 23**)**4e** Total program service expenses ▶ 367,878

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Exhibit - 25

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	AGO – Connolly 0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI **Supervision, Management, and Disclosure** For each "Yes" response to lines 1 through 10 below, and for each "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5	
b Enter the number of voting members included in line 1a, above, who are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request ☐ Other (explain in Schedule O) **AGO - Connolly - 575**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **Exhibit - 23**

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ANGELA BENNETT 25174 RYE CANYON BLVD SANTA CLARITA, CA 91355 (661) 255-0084

☐

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								84,808	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•	AGO – Connolly – 577	
	Exhibit – 23	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	573,779			
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f ▶			573,779			
Program Service Revenue	2a CLINIC SERVICES		Business Code 624100	7,333	7,333		
	b						
	c						
	d						
	e						
	f	All other program service revenue.					
	9 Total. Add lines 2a-2f. ▶			7,333			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	260,075				
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events . . . ▶		224,248			224,248	
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . . .	10a					
b Less: cost of goods sold . . .		10b					
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue				• AGO – Connolly – 578			
e Total. Add lines 11a-11d ▶				Exhibit - 23			
12 Total revenue. See instructions ▶			805,360	7,333	0	224,248	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,808	51,390	11,893	21,525
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	241,914	146,590	33,924	61,400
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,222		8,222	
9 Other employee benefits	19,048		19,048	
10 Payroll taxes	25,868	15,675	3,627	6,566
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	18,741	18,741		
13 Office expenses	40,658	30,234	4,137	6,287
14 Information technology				
15 Royalties				
16 Occupancy	32,575	24,223	3,315	5,037
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,633	18,456	3,076	4,101
23 Insurance	20,422	15,186	2,078	3,158
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLINIC EXPENSES	21,818	16,224	2,220	3,374
b DEVELOPMENT	15,616	11,612	1,589	2,415
c STAFF TRAINING & DEVELO	11,845	8,808	1,205	1,832
d TELEPHONE	8,887	5,385	1,246	2,256
e All other expenses	8,159	5,354	1,119	1,686
25 Total functional expenses. Add lines 1 through 24e	584,214	367,878	96,699	119,637
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		317,740	1	464,032	
	2	Savings and temporary cash investments		185,284	2	232,167	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,379,355			
	b	Less: accumulated depreciation	10b	101,470	1,303,518	10c	1,277,885
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		8,200	14	8,200	
	15	Other assets. See Part IV, line 11		27,929	15	19,994	
16	Total assets. Add lines 1 through 15 (must equal line 33)		1,842,671	16	2,002,278		
Liabilities	17	Accounts payable and accrued expenses			17	250	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		56,300	24	2,974	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		9,028	25	565	
	26	Total liabilities. Add lines 17 through 25		65,328	26	3,789	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,777,343	27	1,998,489	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		1,777,343	32	1,998,489		
33	Total liabilities and net assets/fund balances		1,842,671	33	2,002,278		

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Part XI Reconciliation of Net Assets

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Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	805,360
2	Total expenses (must equal Part IX, column (A), line 25)	2	584,214
3	Revenue less expenses. Subtract line 2 from line 1	3	221,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,777,343
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,998,489

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Page ID #:1609
Software ID:

Software Version:

EIN: 95-4069854

Name: SCV PREGNANCY CENTER

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Form 990 (2021)

Exhibit - 23

Form 990, Part III, Line 4a:

PROVIDING FREE INFORMATION, EDUCATION AND MEDICAL CLINIC SERVICES TO WOMEN FACING UNPLANNED PREGNANCIES.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Name of the organization
SCV PREGNANCY CENTER

Employer identification number

95-4069854

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					• AGO - Connolly	583
Total					Exhibit	23

Part II Support Schedule for Organizations Described in Sections 170(c)(1)(A)(i) and 220(c)(4)(A)(i)

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(Complete only if you checked the box on line 5, 7, 8, or 11 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	839,592	828,099	733,228	503,569	573,779	3,478,267
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	839,592	828,099	733,228	503,569	573,779	3,478,267
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6	Public support. Subtract line 5 from line 4.						3,478,267

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .	839,592	828,099	733,228	503,569	573,779	3,478,267
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .				283		283
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						3,478,550
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14 99.990 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- ☐ The organization satisfied the Activities Test. Complete **line 2** below.
 - ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2** Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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1

☐ Check here if the organization satisfied the Integral Part test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7

☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

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Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

2021

Open to Public Inspection

Name of the organization
SCV PREGNANCY CENTER

Employer identification number
95-4069854

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii)

Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1 ▶

b

Assets included in Form 990, Part X ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,140		411,140
b Buildings		548,280	55,667	492,613
c Leasehold improvements		399,935	40,725	359,210
d Equipment				
e Other		20,000	5,078	14,922
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,277,885

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATED FUNDS	565
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	565

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

• AGO – Connolly – 594

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Exhibit - 23

Return Reference	Explanation	
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Part XIII Supplemental Information (continued)

Page ID #:1622

Exhibit - 23

Return Reference

Explanation

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Page ID #: 1623

SCHEDULE G
(Form 990)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SCV PREGNANCY CENTER

Employer identification number
95-4069854

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 48, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 BABY BOTTLE FUNDRAISER (event type)	(b) Event #2 WALK FOR LIFE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Direct Expenses	1 Gross receipts	60,801	104,442	94,832	260,075
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	60,801	104,442	94,832	260,075
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		606	7,000	7,606
Direct Expenses	7 Food and beverages		585		585
	8 Entertainment				
	9 Other direct expenses	898	8,524	18,214	27,636
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,827
	11 Net income summary. Subtract line 10 from line 3, column (d)				224,248

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
Direct Expenses	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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Exhibit - 23

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11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Page ID #: 1626

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2021 Open to Public Inspection
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Name of the organization SCV PREGNANCY CENTER	Employer identification number 95-4069854
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	NO SEPARATE COMMITTEE MEETINGS WERE HELD <div>• AGO – Connolly – 599 Exhibit - 23</div>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	RETURNS DISTRIBUTED TO THE BOARD OF DIRECTORS <div>•</div> <div>AGO – Connolly – 600</div> <div>Exhibit - 23</div>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED ANNUALLY FOR PERSONAL OR PROFESSIONAL RELATI ONSHIPS THAT COULD GIVE RISE TO CONFLICTS. A LIST OF VENDORS IS ALSO REVIEWED BY THE BOARD ANNUALLY FOR COMPLIANCE PURPOSES. <div>AGO – Connolly – 601 Exhibit - 23</div>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, INCLUDING THE 990. <div>AGO – Connolly – 602 Exhibit - 23</div>

EXHIBIT 24

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493224019070 Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 604 of 664 Page ID #:1631

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable

C Name of organization

D Employer identification number

E Telephone number

F Name and address of principal officer

G Gross receipts \$ 1,022,315

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

I Tax-exempt status

J Website: N/A

K Form of organization

L Year of formation 1986

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

Date

ANGELA BENNETT President & CEO

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

Part III **Statement of Program Service Accomplishments**

Document 30-1

Filed 11/04/24

Page 605 of 664

Page ID #: 1632

Check if Schedule O contains a response or note to any item in this Part III ☐**1** Briefly describe the organization's mission

PROVIDING FREE INFORMATION, EDUCATION AND MEDICAL CLINIC SERVICES TO WOMEN FACING UNPLANNED PREGNANCIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 365,433 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

• AGO – Connolly – 605

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$ **Exhibit - 24**)

4e Total program service expenses ► 365,433

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Exhibit - 24

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

• 1a AGO – Connolly 0607

1b 0

Exhibit - 24

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	2b
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .		3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 0	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16 No

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 5		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		No
b Other officers or key employees of the organization	15b		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☐ Upon request ☐ Other (explain in Schedule O) **AGO – Connolly – 609**

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year **Exhibit - 24**

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ANGELA BENNETT 23838 VALENCIA BLVD SUITE 270 VALENCIA, CA 91355 (661) 255-0084

☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- See instructions for the order in which to list the persons above

[illegible]

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
--	----------------------	--	---	--

Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	733,228		
	g Noncash contributions included in lines 1a - 1f \$	1g			
	h Total. Add lines 1a-1f ▶		733,228		

Program Service Revenue		Business Code				
	2a Fees & Contracts Gov Agencies		1,751			1,751
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f. ▶		1,751			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		64			64			
	4 Income from investment of tax-exempt bond proceeds ▶		0						
	5 Royalties ▶		0						
	6a Gross rents	(i) Real	(ii) Personal						
		6a							
		b Less rental expenses	6b						
		c Rental income or (loss)	6c						
	d Net rental income or (loss) ▶		0						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
		7a							
		b Less cost or other basis and sales expenses	7b						
		c Gain or (loss)	7c						
	d Net gain or (loss) ▶		0						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		8a	287,272	233,990		233,990		
	b Less direct expenses		8b	53,282					
	c Net income or (loss) from fundraising events ▶								
	9a Gross income from gaming activities See Part IV, line 19		9a		0				
	b Less direct expenses		9b						
	c Net income or (loss) from gaming activities ▶								
	10a Gross sales of inventory, less returns and allowances		10a		0				
b Less cost of goods sold		10b							
c Net income or (loss) from sales of inventory ▶									
Miscellaneous Revenue		Business Code							
11a									
b									
c									
d All other revenue									
e Total. Add lines 11a-11d ▶			0						
12 Total revenue. See instructions ▶			969,033						

AGC – Connolly – 612

Exhibit - 24

235,805

AGC – Connolly – 612

Exhibit - 24

Part IX **Statement of Functional Expenses** Document 30-1 Filed 11/04/24 Page 613 of 664

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	80,000	44,800	8,800	26,400
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	208,131	133,204	41,626	33,301
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,059		5,059	
9 Other employee benefits.	0			
10 Payroll taxes.	22,089	14,137	4,418	3,534
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,635	1,686	527	422
12 Advertising and promotion.	9,641	6,170	1,928	1,543
13 Office expenses.	47,609	30,470	9,522	7,617
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	35,690	22,842	7,138	5,710
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	25,757		25,757	
23 Insurance.	49,740	31,833	9,949	7,958
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a STAFF RECRUIT/DEV/TRAIN	20,915	20,915		
b CLINIC EXPENSE	18,612	18,612		
c DEVELOPMENT	13,822	13,822		
d OTHER EXPENSES	12,290	12,290		
e All other expenses	18,258	14,652	2,003	1,603
25 Total functional expenses. Add lines 1 through 24e.	570,248	365,433	116,727	88,088
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Exhibit - 24

Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		181,150	1	274,939	
	2	Savings and temporary cash investments		91,531	2	95,039	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4	0	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges			9	0	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,379,355			
	b	Less: accumulated depreciation	10b	50,204	1,354,908	10c	1,329,151
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets		8,200	14	8,200	
	15	Other assets. See Part IV, line 11		21,366	15	8,120	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,657,155	16	1,715,449		
Liabilities	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		410,722	24	65,402	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		-147	25	4,173	
	26	Total liabilities. Add lines 17 through 25		410,575	26	69,575	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,246,580	27	1,645,874	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,246,580	32	1,645,874	
33	Total liabilities and net assets/fund balances		1,657,155	33	1,715,449		

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Part XI Reconciliation of Net Assets

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Page ID #: 1642

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	969,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	570,248
3	Revenue less expenses Subtract line 2 from line 1	3	398,785
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,246,580
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	509
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,645,874

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Additional Data

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Page ID #:1643

Software ID: 19009920

Software Version: 2019v5.0

EIN: 95-4069854

Name: SCV PREGNANCY CENTER

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Form 990 (2019)

Exhibit - 24

Form 990, Part III, Line 4a:

PREGNANCY TESTING AND EDUCATION AND PROGRAMS

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Name of the organization

Employer identification number

SCV PREGNANCY CENTER

95-4069854

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					AGO Connolly 617	
					Exhibit 24	
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 11285F Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(c)(1)(A)(i) and 170(c)(1)(A)(ii)

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	376,368	598,201	839,592	828,099	733,228	3,375,488
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	376,368	598,201	839,592	828,099	733,228	3,375,488
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						3,375,488

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	376,368	598,201	839,592	828,099	733,228	3,375,488
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						3,375,488
12 Gross receipts from related activities, etc. (see instructions)	12					
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.000 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	100.000 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 501(c)(2)

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(Complete only if you checked the box on line 10 of Part IV. If the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

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Part V Type III non-functionally integrated 509(a)(1) supporting organizations

- 1** ☐ Check here if the organization satisfied the Integral Parts test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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Additional Data

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Page ID #: 1651
Software ID: 19009920

Software Version: 2019v5.0

EIN: 95-4069854

Name: SCV PREGNANCY CENTER

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

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Facts And Circumstances Test

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Supplemental Financial Statements

OMB No. 1545-0047

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

2019

Open to Public Inspection

Name of the organization
SCV PREGNANCY CENTER

Employer identification number
95-4069854

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a)

Donor advised funds

(b)

Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► **Exhibit - 24**

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2019

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,140		411,140
b Buildings		548,280	27,551	520,729
c Leasehold improvements		399,935	20,309	379,726
d Equipment				
e Other		20,000	2,441	17,556
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,329,151

Part VII

Investments—Other Securities.

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,173

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Return Reference	Explanation	
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Part XIII**Supplemental Information (continued)**

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Return Reference

Explanation

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

2019
Open to Public Inspection

Name of the organization
SCV PREGNANCY CENTER

Employer identification number
95-4069854

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

* AGO - Connolly - 630
Exhibit - 24

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 BANQUET (event type)	(b) Event #2 WALK FOR LIFE (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	111,483	92,993	82,796	287,272
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	111,483	92,993	82,796	287,272
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	31,402	14,108	7,772	53,282
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				53,282
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				233,990

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

AGO – Connolly – 631
Exhibit - 24

Case 2:24-cv-08468-HDV-MAR Document 30-1 Filed 11/04/24 Page 632 of 664
Page ID #:1659

☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
SCV PREGNANCY CENTER

Employer identification number

95-4069854

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	CEO AND TREASURER <ul style="list-style-type: none">AGO – Connolly – 633 <p>Exhibit - 24</p>

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	<p>All financial statements are available upon request including the 990</p> <ul style="list-style-type: none"> • AGO – Connolly – 634 <p>Exhibit - 24</p>

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	<p>PRIOR PERIOD ADJUSTMENT = \$509</p> <ul style="list-style-type: none"> • AGO – Connolly – 635 <p>Exhibit - 24</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B POLICIES	LINE 12B CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED ANNUALLY FOR PERSONAL OR PROFESSIONAL RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS LINE 12CA LIST OF VENDORS IS REVIEWED BY THE BOARD ANNUALLY FOR COMPLIANCE PURPOSES

Page ID #: 1663

AGO – Connolly – 636

Exhibit - 24

EXHIBIT 25

Tips and Updates 2021 State Utilization Data File of Primary Care Clinics Database Extract Date: September 16,2022	
2021 PRIMARY CARE CLINICS ANNUAL UTILIZATION DATABASE	
Worksheet Names	The worksheet names (i.e. the Excel workbook tabs at the bottom of this workbook) refer to the various data pages of the <i>Annual Utilization Report of Primary Care Clinics</i>
Header Rows - Your Choice	<p>The header rows contain both an abbreviated English name and a "Page Column Line" designation that refer to the data's location in the Annual Utilization Report. For example the header 1.1.2 is the data element located in Page 1, Column 1 and Line 2 of the Annual Utilization Report of Primary Care Clinics. The English abbreviation just above it shows that this data element is the facility identification number - FAC_NO.</p> <p>The report form and instructions are located at the following Link: Utilization Reporting forms and Instructions </p>
Facility ID Numbers	<p>The data for each facility in all data worksheets are in numeric order by FAC_NO number. The FAC_NO is assigned to the site, thus regardless of name and ownership changes, the FAC_NO number remains constant over time.</p> <p>The first three digits for all licensed Clinics are 306 The 4th and 5th digits are the county code The last 4 digits are the unique facility identifier within the county</p>
Reporting Primary Care Clinics	<p>1245 licensed Primary Care Clinics submitted the Annual Utilization Report for 2021.</p> <p>1 licensed Primary Care Clinics submitted multiple partial year reports for 2021. (306070655)</p>
Not-In-Operation and Nonresponders	<p>Not in Operation: There were 61 licensed Primary Care Clinics reported being "not in operation" during 2021 ("No" reported in field 1.1.9). These were clinics that had a valid license during the year but were not in operation. In some cases a clinic would be allowed to submit an NIO report because it was opened for a very short period during the year or OSHPD discovered the existence of the clinic after the reports were due. Although no utilization data is reported on these clinics, all of the license information and geographic data are displayed (their utilization data values are all zero).</p> <p>Nonresponders: There were 72 licensed Primary Care Clinics that failed to provide their utilization data for 2021 (each is listed in the NonResp worksheet).</p>
Primary Care Clinics by License Type	The specific Primary Care Clinic license types are reported on Page 2, Column 1, Line 1 (column AM) . The licensed types are Community and Free Clinics.
License Status	<p>In data file item LICENSE_STATUS, a licensed facility is noted as, 1) Open, 2)Closed, or 3)Suspense. LICENSE_STATUS may not reflect most current license status of the facility. Please refer to CDPH's Cal Health Find Database for the facility's current license status.</p> <p>https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind</p>
File Extraction Date	The data contained in this Final Annual Utilization Report of Primary Care Clinics - 2021 was extracted from the SIERA application on September 16, 2022.

New and/or Revised Data Items for Report Form 2021

Community Services

- 2.1.11 Case Management
- 2.1.14 Community Health Workers
- 2.1.17 Eligibility Assistance
- 2.1.20 Interpretation Services

Other Community Services

- 2.1.27 Line given for specification
- 2.1.27 Line given for specification

Health Services

- 2.1.41 Pharmaceuticals
- 2.1.42 X-Ray

Other Health Services

- 2.1.41 Line given for specification
- 2.1.42 Line given for specification

Languages Spoken by Staff and Patients

2.1.54 Farsi/Pashto

2.1.55 French

Other Language -

2.68 Line given for specification

2.69 Line given for specification

Race and Ethnicity - has been combined

Lines 1-6 - Race

Columns 1-3 - Ethnicity

Age Category and Gender

3.3.30-3.3.38 Other/ Unknown Column Added

REPORT PAGE 4 – ENCOUNTERS BY PRINCIPAL DIAGNOSIS

The Encounters by Principal Diagnosis table reflects updated ICD Codes for the 2021 report year.

Line 18, Column 3 – Z32-Z99 changed from Z40-Z99

Line 20, Column 3 – Z30-Z31 changed from Z30-Z39

REPORT PAGE 5 – ENCOUNTERS BY PRINCIPAL SERVICE

The Encounters by Principal Service table reflects updated CPT Codes for the 2021 report year.

Line 1, Column 3 – 99202-99205 changed from 99201-99205

Line 5, Column 3 – Added 99421-99423

Line 12, Column 3 – 10030-19499 changed from 10004-19499

Line 13, Column 3 – 20100-29999 changed from 20005-29999

Line 15, Column 3 – 33016-37799 changed from 33010-37799

Line 20, Column 3 – 54000-55920 changed from 54000-55899

Line 29, Column 3 – Added 0001U-0284U

Line 30, Column 3 – 90281-99082 changed from 90281-99091

Line 30, Column 3 – Removed 99170-99199

Line 33, Column 3 – 0042T-0713T changed from 0042T-0542T

	A	B	C
	Description	FAC_NO	FAC_NAME
1			
283		306190559	SCV PREGNANCY CENTER
777		306344187	ALTERNATIVES PREGNANCY RESOURCE CENTER
874		306374346	PREGNANCY CARE CENTER

• AGO – Connolly – 640

	D	E	F	G	H	I	Jl
	FAC_STR_ADDR	FAC_CITY	FAC_ZIP	FAC_PHONE	FAC_ADMIN_N AME	FAC_OPERATE D_THIS_YR	MEDICARE_PA TS
1							
283	25174 RYE CANYON RD	SANTA CLARITA	91355	661-255-0082	Angela Bennett	Yes	
777	1111 HOWE AVE, STE 610	SACRAMENTO	95825	916-880-4040	Heidi Matzke	Yes	
874	677 S MAGNOLIA AVE	EL CAJON	92020	619-442-4357	Josh McClure	Yes	

	JJ	JK	JL	JM	JN	JO	JP	JQ	JR
1	MEDICARE_M ANAGED_CARE _PATS	MEDI_CAL_PA TS	MEDI_CAL_MA NAGED_CARE_ PATS	COUNTY_INDI GENT_CMSP_ MISP_PATS	PRIV_INSURAN CE_PATS	COVERED_CA	ALAMEDA_ALL IANCE_FOR_HE ALTH_PATS	MY_HEALTH_L A_PATS	PACE_PROGRA M_PATS
283		24							
777									
874									

	JS	JT	JU	JV
1	SELPAY_SLIDING_SCALE_PATS	FREE_PATS	OTHER_PAYER_S_PATS	TOT_PATS_BY_PAT_COVERAGE
283		382		406
777		1358		1358
874		627		627

EXHIBIT 26

Tips and Updates 2020 State Utilization Data File of Primary Care Clinics Database Extract Date: September 27, 2021	
FINAL 2020 PRIMARY CARE CLINICS ANNUAL UTILIZATION DATABASE	
Worksheet Names	The worksheet names (i.e. the Excel workbook tabs at the bottom of this workbook) refer to the various data pages of the <i>Annual Utilization Report of Primary Care Clinics</i>
Header Rows - Your Choice	<p>The header rows contain both an abbreviated English name and a "Page Column Line" designation that refer to the data's location in the Annual Utilization Report. For example the header 1.1.2 is the data element located in Page 1, Column 1 and Line 2 of the Annual Utilization Report of Primary Care Clinics. The English abbreviation just above it shows that this data element is the facility identification number - FAC_NO.</p> <p>The report form and instructions are located at the following Link: Utilization Reporting forms and Instructions </p>
Facility ID Numbers	<p>The data for each facility in all data worksheets are in numeric order by FAC_NO number. The FAC_NO is assigned to the site, thus regardless of name and ownership changes, the FAC_NO number remains constant over time.</p> <p>The first three digits for all licensed Clinics are 306 The 4th and 5th digits are the county code The last 4 digits are the unique facility identifier within the county</p>
Reporting Primary Care Clinics	<p>1295 licensed Primary Care Clinics submitted the Annual Utilization Report for 2020.</p> <p>5 licensed Primary Care Clinics submitted multiple partial year reports for 2020. (306100605, 306244058, 306370576, 306380604, 306400382)</p>
Not-In-Operation and Nonresponders	<p>Not in Operation: There were 58 licensed Primary Care Clinics reported being "not in operation" during 2020 ("No" reported in field 1.1.9). These were clinics that had a valid license during the year but were not in operation. In some cases a clinic would be allowed to submit an NIO report because it was opened for a very short period during the year or OSHPD discovered the existence of the clinic after the reports were due. Although no utilization data is reported on these clinics, all of the license information and geographic data are displayed (their utilization data values are all zero).</p> <p>Nonresponders: There were 82 licensed Primary Care Clinics that failed to provide their utilization data for 2020 (each is listed in each of the NonResp worksheets).</p>
Primary Care Clinics by License Type	The specific Primary Care Clinic license types are reported on Page 2, Column 1, Line 1 (column AK) . The licensed types are Community and Free Clinics.
License Status	<p>In data file item LICENSE_STATUS, a licensed facility is noted as, 1) Open, 2)Closed, or 3)Suspense.</p> <p>LICENSE_STATUS may not reflect most current license status of the facility. Please refer to CDPH's Cal Health Find Database for the facility's current license status.</p> <p>https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind</p>
File Extraction Date	The data contained in this Final Annual Utilization Report of Primary Care Clinics - 2020 was extracted from the SIERA application on September 27, 2021.

New and/or Revised Data Items for Report Form 2020

No Changes

	A	B	C
1	Description	FAC_NO	FAC_NAME
299		306190559	SCV PREGNANCY CENTER
801		306344187	ALTERNATIVES PREGNANCY RESOURCE CENTER
905		306374346	PREGNANCY CARE CENTER

• AGO – Connolly – 646

	D	E	F	G	H	I	IT
	FAC_STR_ADDR	FAC_CITY	FAC_ZIP	FAC_PHONE	FAC_ADMIN_NAME	FAC_OPERATED_THIS_YR	MEDICARE_PATS
1							
299	25174 RYE CANYON RD	SANTA CLARITA	91355	6612550082	Angela Bennett	Yes	
801	1111 HOWE AVE, STE 610	SACRAMENTO	95825	916-880-4040	Heidi Matzke	Yes	
905	677 S MAGNOLIA AVE	EL CAJON	92020	619-442-4357	Josh McClure	Yes	

	IU	IV	IW	IX	IY	IZ	JA	JB	JC
1	MEDICARE_M NAGED_CARE_ PATS	MEDI_CAL_PA TS	MEDI_CAL_MA NAGED_CARE_ PATS	COUNTY_INDI GENT_CMSP_ MISP_PATS	PRIV_INSURAN CE_PATS	COVERED_CA	ALAMEDA_ALL IANCE_FOR_HE ALTH_PATS	MY_HEALTH_L A_PATS	PACE_PROGRA M_PATS
299		32							
801									
905									

	JD	JE	JF	JG
1	SELPAY_SLIDING_SCALE_PATTS	FREE_PATS	OTHER_PAYER_S_PATS	TOT_PATS_BY_PAT_COVERAGE
299		425		457
801		1326		1326
905		505		505

EXHIBIT 27

Tips and Updates 2019 State Utilization Data File of Primary Care Clinics Database Extract Date: October 20, 2020	
FINAL 2019 PRIMARY CARE CLINICS ANNUAL UTILIZATION DATABASE	
Worksheet Names	The worksheet names (i.e. the Excel workbook tabs at the bottom of this workbook) refer to the various data pages of the <i>Annual Utilization Report of Primary Care Clinics</i>
Header Rows - Your Choice	<p>The header rows contain both an abbreviated English name and a "Page Column Line" designation that refer to the data's location in the Annual Utilization Report. For example the header 1.1.2 is the data element located in Page 1, Column 1 and Line 2 of the Annual Utilization Report of Primary Care Clinics. The English abbreviation just above it shows that this data element is the facility identification number - FAC_NO.</p> <p>The report form and instructions are located at the following Link: Utilization Reporting forms and Instructions</p>
Facility ID Numbers	<p>The data for each facility in all data worksheets are in numeric order by FAC_NO number. The FAC_NO is assigned to the site, thus regardless of name and ownership changes, the FAC_NO number remains constant over time.</p> <p>The first three digits for all licensed Clinics are 306</p> <p>The 4th and 5th digits are the county code</p> <p>The last 4 digits are the unique facility identifier within the county</p>
Reporting Primary Care Clinics	<p>1350 licensed Primary Care Clinics submitted the Annual Utilization Report for 2019.</p> <p>6 licensed Primary Care Clinics submitted multiple partial year reports for 2019. (306344070, 306374433, 306374449, 306514038, 306514050, 306584009)</p>
Not-In-Operation and Nonresponders	<p>Not in Operation: There were 54 licensed Primary Care Clinics reported being "not in operation" during 2019 ("No" reported in field 1.1.9). These were clinics that had a valid license during the year but were not in operation. In some cases a clinic would be allowed to submit an NIO report because it was opened for a very short period during the year or OSHPD discovered the existence of the clinic after the reports were due. Although no utilization data is reported on these clinics, all of the license information and geographic data are displayed (their utilization data values are all zero).</p> <p>Nonresponders: There were 87 licensed Primary Care Clinics that failed to provide their utilization data for 2019 (each is listed in each of the NonResp worksheets).</p>
Primary Care Clinics by License Type	The specific Primary Care Clinic license types are reported on Page 2, Column 1, Line 1 (column AK) . The licensed types are Community and Free Clinics.
License Status	<p>In data file item LICENSE_STATUS, a licensed facility is noted as, 1) Open, 2)Closed, or 3)Suspense.</p> <p>LICENSE_STATUS may not reflect most current license status of the facility. Please refer to CDPH's Cal Health Find Database for the facility's current license status.</p> <p>https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind</p>
File Extraction Date	<p>The data contained in this Final Annual Utilization Report of Primary Care Clinics - 2019 was extracted from the SIERA application on October 20, 2020 and reflect utilization report data as of the extracted date. For the most up-to-date utilization reports, please visit OSHPD's SIERA Financial and Utilization Report Page.</p> <p>https://reports.siera.oshpd.ca.gov/</p>

New and/or Revised Data Items for Report Form 2019

No Changes

	A	B	C
1	Description	FAC_NO	FAC_NAME
434		306197082	SCV PREGNANCY CENTER
826		306344187	ALTERNATIVES PREGNANCY RESOURCE CENTER
922		306374346	PREGNANCY CARE CENTER

• AGO – Connolly – 652

	D	E	F	G	H	I	IT
	FAC_STR_ADDR	FAC_CITY	FAC_ZIP	FAC_PHONE	FAC_ADMIN_NAME	FAC_OPERATED_THIS_YR	MEDICARE_PATS
1							
434	23838 VALENCIA BLVD, STE 270	VALENCIA	91355	661-255-0082	Angela Bennett	Yes	
826	1111 HOWE AVE, STE 610	SACRAMENTO	95825	9168804040	Heidi Matzke	Yes	
922	677 S MAGNOLIA AVE	EL CAJON	92020	619-442-4357	Josh McClure	Yes	

	IU	IV	IW	IX	IY	IZ	JA	JB	JC
1	MEDICARE_M NAGED_CARE_ PATS	MEDI_CAL_PA TS	MEDI_CAL_MA NAGED_CARE_ PATS	COUNTY_INDI GENT_CMSP_ MISP_PATS	PRIV_INSURAN CE_PATS	COVERED_CA	ALAMEDA_ALL IANCE_FOR_HE ALTH_PATS	MY_HEALTH_L A_PATS	PACE_PROGRA M_PATS
434		95							
826									
922									

	JD	JE	JF	JG
1	SELPAY_SLIDING_SCALE_PATTS	FREE_PATS	OTHER_PAYER_S_PATS	TOT_PATS_BY_PAT_COVERAGE
434		400		495
826		976		976
922		609		609

EXHIBIT 28

Original Research

Mifepristone Antagonization With Progesterone to Prevent Medical Abortion

A Randomized Controlled Trial

Mitchell D. Creinin, MD, Melody Y. Hou, MD, MPH, Laura Dalton, DO, MBA, Rachel Steward, MD, MSc, and Melissa J. Chen, MD, MPH

OBJECTIVE: To estimate the efficacy and safety of mifepristone antagonization with high-dose oral progesterone.

METHODS: We planned to enroll 40 patients in a double-blind, placebo-controlled, randomized trial. We enrolled patients at 44–63 days of gestation with ultrasound-confirmed gestational cardiac activity who were planning surgical abortion. Participants ingested mifepristone 200 mg and initiated oral progesterone 400 mg or placebo 24 hours later twice daily for 3 days, then once daily until their planned surgical abortion 14–16 days after enrollment. Follow-up visits were scheduled 3 ± 1 , 7 ± 1 , and 15 ± 1 days after mifepristone intake with ultrasonography and blood testing for human chorionic gonadotropin and progesterone. Participants exited from the study when they had their surgical abortion or earlier for gestational cardiac activity absence, gestational sac expulsion, or medically indicated suction aspiration. We assessed

the primary outcome of continued gestational cardiac activity at approximately 2 weeks (15 ± 1 day), side effects after drug ingestion, and safety outcomes including hemorrhage and emergent treatment.

RESULTS: We enrolled participants from February to July 2019 and stopped enrollment after 12 patients for safety concerns. Mean gestational age was 52.5 days. Two (one per group) voluntarily discontinued 3 days after mifepristone ingestion for subjective symptoms (nausea and vomiting, bleeding). Among the remaining 10 patients (five per group), gestational cardiac activity continued for 2 weeks in four in the progesterone group and two in the placebo group. One patient in the placebo group had no gestational cardiac activity 3 days after mifepristone use. Severe hemorrhage requiring ambulance transport to hospital occurred in three patients; one received progesterone (complete expulsion, no aspiration) and two received placebo (aspiration for both, one required transfusion). We halted enrollment after the third hemorrhage. No other significant side effects were reported.

CONCLUSION: We could not estimate the efficacy of progesterone for mifepristone antagonization due to safety concerns when mifepristone is administered without subsequent prostaglandin analogue treatment. Patients in early pregnancy who use only mifepristone may be at high risk of significant hemorrhage.

CLINICAL TRIAL REGISTRATION: ClinicalTrials.gov, NCT03774745.

(Obstet Gynecol 2020;135:158–65)

DOI: 10.1097/AOG.0000000000003620

From the Department of Obstetrics and Gynecology, University of California, Davis, Sacramento, Planned Parenthood Mar Monte, San Jose, and FPA Women's Health, Sacramento, California.

Supported by the Society of Family Planning Research Fund.

The authors thank the staff and physicians at the study centers for assisting with referral and conduct of the clinical trial.

The findings and conclusions expressed in this article are those of the authors and do not necessarily reflect the views of Planned Parenthood Federation of America, Inc. or FPA Women's Health.

Each author has confirmed compliance with the journal's requirements for authorship.

Corresponding author: Mitchell D. Creinin, MD, University of California, Davis, Sacramento, CA; email: mdcrein@ucdavis.edu.

Financial Disclosure

Mitchell D. Creinin is a consultant for Danco Laboratories, providing medical consultation for clinicians that contact Danco with questions regarding mifepristone. Laura Dalton is an employee of Planned Parenthood. The other author did not report any potential conflicts of interest.

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ISSN: 0029-7844/20

In the United States, approximately 862,000 abortions occur per year, of which almost 40% occur using medical abortion.¹ The treatment approved by the U.S. Food and Drug Administration for medical abortion is a combination of mifepristone and miso-



prostaglandins through 70 days of gestation.² Mifepristone acts as a competitive progesterone receptor antagonist and promotes decidual necrosis to weaken implantation, enhances uterine sensitivity to prostaglandins, and softens the cervix.³ Accordingly, mifepristone has some activity to induce abortion when used alone. However, overall efficacy is generally 80% or less, and these studies typically included patients at less than 49 days of gestation.⁴ Medical abortion efficacy is improved significantly with the addition of a prostaglandin analogue.⁴ Mifepristone followed in 24–48 hours by misoprostol is 96–97% effective through 70 days of gestation; however, as gestation advances from 49 to 70 days, complete abortion rate decreases and continuing pregnancy rate increases.² Approximately 0.3% of patients at 49 days of gestation or less experience a continuing pregnancy compared with 3.1% of patients at 64–70 days.² A recent U.K. study of patients who initiated medical abortion at 64–70 days found that 9 of 89 (10%) patients with continuing pregnancies detected at follow-up opted to continue the pregnancy.⁵

Case series have reported that some patients may change their minds about terminating their pregnancies after ingesting mifepristone and before misoprostol treatment.^{6–8} Although an exact proportion is unknown, the best estimate is that fewer than 0.005% of patients who use mifepristone choose to continue their pregnancies.⁹ Because mifepristone binds strongly to the progesterone receptor and has a long half-life,⁴ some scientists believe that this action is potentially irreversible. However, others have questioned this theory and believe that providing high doses of progesterone may antagonize the effects of mifepristone when administered for abortion.⁶

No clinical trials have been performed to adequately study antagonizing mifepristone with progesterone treatment. Case series reported to date have significant limitations, including using investigational treatment (high-dose progesterone) after mifepristone ingestion without consenting patients for this experiment; incomplete reporting of outcomes; use of varying progesterone doses, routes and durations; and lack of control groups to understand true efficacy.^{6–8} The largest case series (547 patients evaluated) reported a 48% continuing pregnancy rate using various progesterone regimens, with the highest rates (64–68%) using various intramuscular or oral treatments.⁸ To address these issues, we conducted a double-blind placebo-controlled randomized trial to evaluate continuing pregnancy rates, safety, and side effects of

high-dose oral progesterone in patients who used mifepristone during early pregnancy.

METHODS

We conducted this randomized, double-blind, placebo-controlled trial at the University of California, Davis Medical Center. We approached patients who had completed counseling and consent for a surgical abortion and were 63 days of gestation or less about study participation. Inclusion criteria were 18 years or older, English-speaking, singleton pregnancy, and willingness to delay the abortion by approximately 2 weeks. Exclusion criteria were medical contraindications to medical abortion per the mifepristone U.S. Food and Drug Administration label,² an allergy to mifepristone or progesterone, or a peanut allergy (on-label contraindication to oral progesterone). The University of California, Davis, Institutional Review Board approved this study and all participants gave written study consent before beginning any study procedures.

The screening visit included obtaining study consent, recording demographic information, soliciting baseline pregnancy symptoms (subjectively rated as none, mild, moderate or severe), and inquiring whether they had used mifepristone or progesterone previously. Patients for whom transvaginal ultrasonography demonstrated gestational cardiac activity and a gestational age 44–63 days of gestation based on Goldstein and Wolfson's criteria¹⁰ could enroll that day. Patients who were at less than 44 days of gestation at screening returned for enrollment, at which time transvaginal ultrasonography was repeated to confirm gestational cardiac activity and gestational age.

Enrolled participants had blood drawn for human chorionic gonadotropin (hCG) and progesterone levels, then swallowed mifepristone 200 mg in front of an investigator. Study treatment (progesterone or placebo) was prepared by the University of California, Davis Investigational Drug Service by placing 38 capsules of progesterone 200 mg or similar-appearing placebo capsules in opaque pill containers. The Investigational Drug Service could not over-encapsulate the drugs due to product size. The Investigational Drug Service performed the randomization allocation using a computer-generated random sequence in blocks of four, sequentially numbered the containers, and maintained the randomization log to ensure drug allocation concealment until study completion. Participants were instructed to start study treatment 24 hours after mifepristone ingestion by taking two capsules twice daily for 3 days, then two



capsules once daily until the study exit visit. We chose this dosing regimen because it was the most effective option previously described in a case series of mifepristone antagonization.⁸ Participants received a diary to document any side effects and capsule intake. Participants also received the standard medical abortion bleeding and side effect instructions distributed to medical abortion patients at the University of California, Davis.

Research staff contacted participants 24 hours after mifepristone administration to confirm the start of study treatment. Follow-up visits were scheduled 3 (± 1), 7 (± 1), and 15 (± 1) days after mifepristone intake. Each visit included diary review, assessment of symptoms or drug side effects, ultrasonography to establish presence or absence of gestational cardiac activity, and blood testing for hCG and progesterone. Additionally, a research coordinator independently counted unused study drug to maintain investigator blinding. The patient's planned surgical abortion was scheduled concurrent with her last study visit. Participants exited from the study when they had their surgical abortion, or earlier for gestational cardiac activity absence, gestational sac expulsion, or medically indicated suction aspiration. At the final visit, participants were asked whether they knew what treatment they received or looked up the capsules online for identification.

The primary outcome was continuing pregnancy with presence of gestational cardiac activity after approximately 2 weeks (15 ± 1 days). Secondary outcomes included expulsion rates over 2 weeks, change in hCG and progesterone levels during treatment, study drug side effects, and safety outcomes (eg, hemorrhage, emergency department visit, emergent suction aspiration). Safety evaluations (adverse events review) were performed by the principal investigator after each patient completed the study and at research review meetings every 2 weeks by the primary study team. The principal investigator was responsible for continued safety oversight and decisions to stop the study for safety reasons.

We estimated a 68% continuing pregnancy rate with oral progesterone treatment based on a report using the same dosing after mifepristone administration in early pregnancy, stating that 68% of patients had pregnancies that continued to 20 weeks of gestation or more.⁸ We also estimated that only 25% of patients receiving placebo would have continuing pregnancies.¹¹ Using 80% power and $\alpha = 0.05$, 20 participants per group were required.

We performed an intention-to-treat analysis, using Fisher exact test or χ^2 test as indicated, t test

for continuous variables and Mann-Whitney U for comparing median values.

RESULTS

We enrolled 12 patients from February 2019 to July 2019 (Fig. 1). Patient characteristics are presented in Table 1. Two patients exited the study voluntarily related to side effects; both underwent suction aspiration 3 days after mifepristone administration. The first patient, in the placebo group, was 48 days at enrollment and had a prior medical abortion. She had increased anxiety about bleeding that started 2 days after mifepristone use and requested a suction aspiration. The second patient, in the progesterone group, had three prior pregnancies and mild nausea and vomiting at baseline. She had developed increasing nausea and vomiting after enrolling, resulting in dehydration that required intravenous fluids as an outpatient. She took only two of her four treatment doses before requesting a suction aspiration.

Overall, four of six patients in the progesterone group and two of six patients in the placebo group had continuing pregnancies at 2 weeks. Excluding the two patients who did not finish treatment, these rates are four of five and two of five, respectively. A detailed listing of individual patient characteristics and outcomes is included in Appendix 1, available online at <http://links.lww.com/AOG/B658>.

Four pregnancies did not continue, including one patient at 48 days in the placebo group who had no gestational cardiac activity 3 days after mifepristone use and had an uneventful suction aspiration. Three other patients had severe bleeding requiring ambulance transport to an emergency department. The first patient received progesterone treatment after enrollment at 56 days of gestation. She reported no bleeding at the first follow-up visit 2 days postmifepristone. Shortly after her visit, she started having brisk bleeding and called an ambulance. Transvaginal ultrasound examination in the emergency department found no gestational sac and a heterogenous endometrial lining of approximately 1.5 cm. Heavy bleeding lasted about 3 hours overall, and no intervention was needed. The second patient received placebo and enrolled at 60 days of gestation. She noted new mild bleeding at a follow-up visit 2 days after mifepristone use. The following day, she called an ambulance after onset of heavy vaginal bleeding. In the emergency department, a study physician found significant heterogenous material in the uterine cavity on ultrasound examination with continued brisk bleeding, so a suction



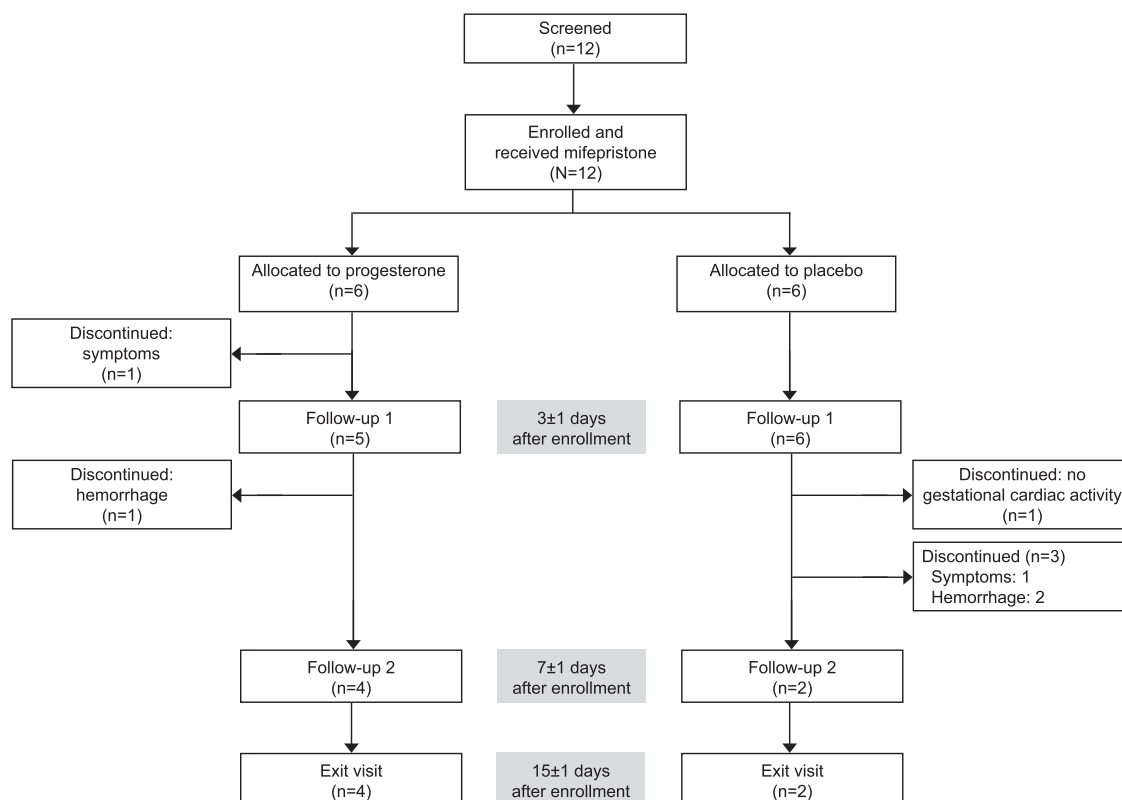


Fig. 1. Participant flowchart of patients who received mifepristone 200 mg followed by progesterone for up to 2 weeks. *Creinin. Mifepristone Antagonization. Obstet Gynecol 2019.*

aspiration was performed. Pathology demonstrated normal chorionic villi. The third patient also received placebo and enrolled at 60 days of gestation. She noted new mild spotting at a follow-up visit 2 days after mifepristone use. The following day, she called an ambulance after experiencing hemorrhage. In the emergency department, a study physician evaluated the patient, who had significant brisk bleeding, hypotension, and tachycardia. Transvaginal ultrasound examination showed that the gestational sac was still in the uterine cavity, so an emergent suction aspiration was performed. This patient's hemoglobin level decreased in the emergency department from 9.2 to 7.5 g/dL, and she received a 1-unit transfusion of packed red blood cells. At safety contacts 2 and 4 weeks later, the patient reported no issues. We stopped enrollment for safety reasons after the third patient required emergent evaluation and a transfusion.

Baseline and follow-up serum hCG and progesterone levels are presented in Figures 2 and 3, respectively. Median baseline hCG and progesterone levels for the progesterone group were 76,776 milli-international units/mL (range 21,062–126,647 milli-international

units/mL) and 12.4 ng/mL (range 10.5–24.0 ng/mL), respectively. Median baseline hCG and progesterone levels for the placebo group were 153,908 milli-international units/mL (range 25,450–246,638 milli-international units/mL) and 16.3 ng/mL (range 11.2–18.9 ng/mL), respectively. In the progesterone group, progesterone levels increased 240–1,010% within a few days of starting treatment among patients with continuing gestational cardiac activity at 2 weeks; the one patient with hemorrhage demonstrated an increase of only 45% despite being adherent to study drug instructions.

Table 2 describes side effects related to pregnancy or treatment. One patient in the progesterone group noted the onset of severe nausea and vomiting shortly after mifepristone intake that preceded progesterone treatment; otherwise, no appreciable differences in development of new severe side effects were identified between treatment groups. All patients experienced some spotting (n=8) or bleeding (n=9) during treatment, except for the patient with the highest baseline progesterone level (24.1 ng/mL).

Only two participants believed they received progesterone, of whom one did (continuing



Table 1. Characteristics at Enrollment for Patients Receiving Mifepristone and Randomized to Progesterone or Placebo Treatment

Characteristic	Total (N=12)	Progesterone (n=6)	Placebo (n=6)
Age (y)	27.3 (20.9–39.6)	29.8 (24.6–39.6)	24.1 (20.9–33.8)
Gestational age (d)	52.5 (47–61)	49.5 (47–56)	55 (48–61)
BMI (kg/m ²)	24.6 (19.0–52.3)	24.8 (19.0–36.4)	24.6 (22.7–52.3)
Obese (30.0 or higher)	4 (33)	2 (33)	2 (33)
Race			
White	3 (25)	0	3 (50)
Black or African American	5 (42)	4 (67)	1 (17)
Asian	4 (33)	2 (33)	2 (33)
Ethnicity			
Hispanic or Latina	2 (17)	1 (17)	1 (17)
Marital status			
Never married	7 (58)	3 (50)	4 (67)
Married	2 (17)	1 (17)	1 (17)
Divorced or separated	3 (25)	2 (33)	1 (17)
Education level			
High school graduate	2 (17)	0	2 (33)
Some college	9 (75)	5 (83)	4 (67)
College graduate	1 (8)	1 (17)	0
Gravidity	4 (1–12)	4.5 (1–10)	3.5 (1–12)
More than 3 prior pregnancies	7 (58)	4 (67)	3 (33)
Parity	1 (0–6)	1.5 (0–6)	0.5 (0–3)
Nulliparous	4 (33)	1 (17)	3 (33)
Prior abortion	9 (75)	4 (67)	5 (83)
More than 3 prior abortions	4 (33)	2 (33)	2 (33)
Past mifepristone use	4 (733)	1 (17)	3 (33)
Prior progesterone use	0	0	0

BMI, body mass index.
Data are median (range) or n (%).

pregnancy at 2 weeks) and one did not (hemorrhage requiring emergent aspiration). The remaining 10 patients were evenly split between placebo and unsure. None of the patients looked on the internet to identify the study capsules they received.

DISCUSSION

Although the study sample size was powered to demonstrate a difference in continuing pregnancy rates between progesterone and placebo treatment after mifepristone ingestion, we could not evaluate this outcome owing to stopping enrollment for safety reasons. However, we can make a few global and important conclusions from this very small, randomized trial. First, patients who receive high-dose oral progesterone treatment do not experience side effects that are noticeably different than placebo. Although patients using progesterone did report worsening of some pregnancy symptoms such as vomiting and tiredness, these issues were rarely severe.

Second and most important are the lessons about treatment safety. Providing treatment in any medical

situation requires a full understanding of the potential benefits and risks. Previous case series reports do not describe outcomes for the one third or more patients without continuing pregnancies after progesterone treatment.⁸ Three of 12 patients enrolled experienced very heavy bleeding resulting in ambulance transport to an emergency department, a rate higher than reported with medical abortion, in which 0.6% of patients may have emergency department visits.¹² Patients who use mifepristone for a medical abortion should be advised that not using misoprostol could result in severe hemorrhage, even with progesterone treatment. We stopped the study because of these complications and, thus, could not quantify the full extent of this risk. Because of the potential dangers for patients who opt not to use misoprostol after mifepristone ingestion, any mifepristone antagonization treatment must be considered experimental.

The study has multiple limitations, primarily the inability to safely reach the enrollment goal to fully assess the primary outcome. Additionally, blinding for progesterone capsules is difficult and imperfect; however, we believe we maintained blinding because the



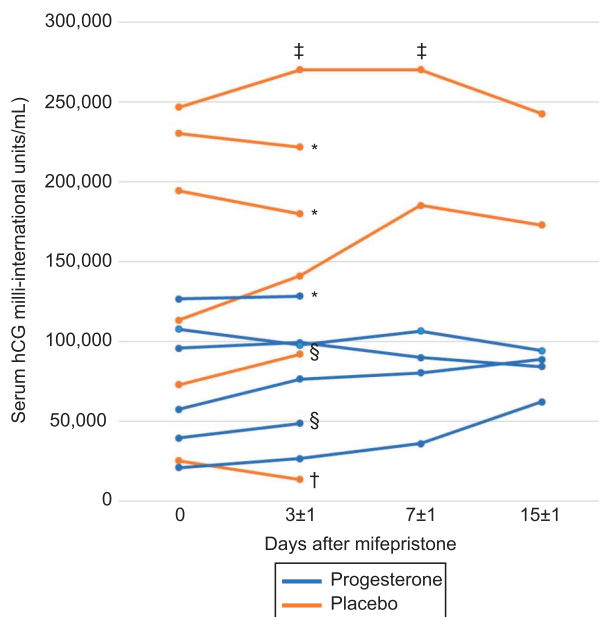


Fig. 2. Serum human chorionic gonadotropin (hCG) levels in patients who received mifepristone 200 mg followed by progesterone for up to 2 weeks. *Participants experiencing hemorrhage. †Participant experienced loss of gestational cardiac activity. ‡Value greater than 270,000 (upper limit of hCG test). §Discontinued related to side effects.

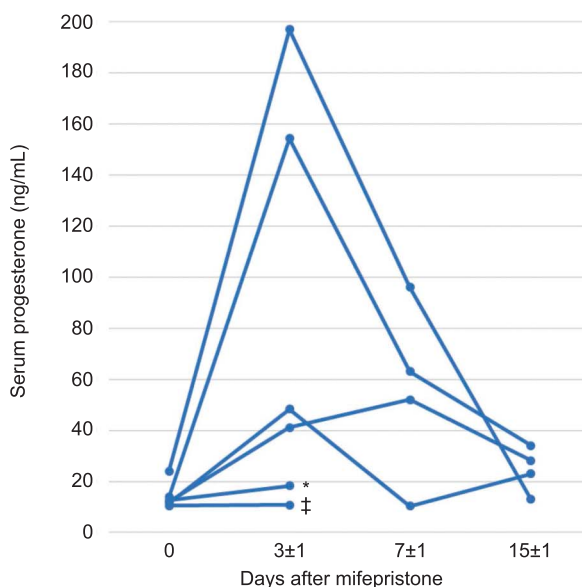
Creinin. Mifepristone Antagonization. *Obstet Gynecol* 2019.

patients enrolled had never used progesterone and none looked up the treatment to identify the drug. Of note, the variability in progesterone level among patients in the progesterone group may be explained by differential oral absorption of progesterone.¹³ Although one may postulate another route of progesterone administration might affect the outcome, the case reports in the literature suggest similar continuing pregnancy rates after oral and intramuscular treatment.⁸

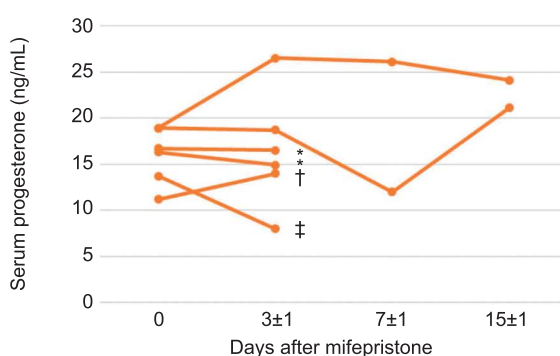
Our study established outcomes at 2 weeks as a surrogate for ongoing pregnancy; as such, it does not capture those who may still experience pregnancy loss more than 2 weeks after mifepristone exposure.¹⁴ Accordingly, the outcomes described may not reflect the ultimate rate of pregnancies that continue past 20 weeks of gestation. Progesterone levels declined from high peaks to levels near baseline with continued treatment for 2 weeks. These findings raise two opposing questions: First, if progesterone can prevent medical abortion after mifepristone, is treatment necessary for more than 2 weeks? The case report from which the oral progesterone regimen for this study was based used the treatment through the “end of the first trimester.”⁸ Second, do those treated with placebo just expel the pregnancy earlier than those who receive proges-

terone but no overall long-term difference in continuing pregnancy exists?

The context of this study is the question of whether a patient who has taken mifepristone 200 mg for a medical abortion and decides not to proceed with misoprostol treatment will be less likely to expel the pregnancy if she receives high-dose progesterone as compared with no treatment. Although mifepristone can cause abortion when used by itself in early pregnancy, the exact rate is not clear because studies were small and limited primarily to pregnancies of 49 days or less. Medical abortion today is used through 70 days of gestation. Additionally, a background rate of pregnancy loss is present regardless of mifepristone treatment. In patients with gestational



A



B

Fig. 3. Progesterone levels in patients who received mifepristone 200 mg followed by progesterone (A) or placebo (B) for up to 2 weeks. *Participants experiencing hemorrhage. †Participant experienced loss of gestational cardiac activity. ‡Discontinued related to side effects.

Creinin. Mifepristone Antagonization. *Obstet Gynecol* 2019.



Table 2. Side Effects* Noted During Follow-up of Patients in Early Pregnancy Receiving Mifepristone and Randomized to Progesterone or Placebo Treatment for Up to 2 Weeks

	Reported at Baseline		Increased From Baseline [†]		Increased to Severe During Follow-up [†]	
	Progesterone (n=6)	Placebo (n=6)	Progesterone (n=6)	Placebo (n=6)	Progesterone (n=6)	Placebo (n=6)
Nausea	4 (67)	5 (83)	2 (33)	2 (33)	2 (33)	1 (17)
Vomiting	2 (33)	3 (50)	4 (67)	0	2 (33)	0
Mastalgia	4 (67)	5 (83)	1 (17)	0	0	0
Tiredness	5 (83)	4 (67)	3 (50)	0	0	1 (17)
Mood changes	4 (67)	5 (83)	0	0	1 (17)	0
Reflux	2 (33)	2 (33)	1 (17)	0	0	0
Dizziness	2 (33)	1 (17)	0	0	0	0
Bleeding	0	0	4 (67)	4 (67)	1 (17)	3 (50)
Spotting	1 (17)	1 (17)	3 (50)	4 (67)	0	0
Cramping	3 (50)	2 (33)	4 (67)	5 (83)	0	0

Data are n (%).

* Subjectively assessed by participant as none, mild, moderate, or severe.

[†] At any time during follow-up.

cardiac activity demonstrated by ultrasonography at 6–10 weeks, 13.4% will spontaneously have an early pregnancy loss.¹⁵

This study, although small, provides important insight into the safety of mifepristone antagonization with progesterone during early pregnancy. We should not dismiss mifepristone antagonization as impossible; fully understanding outcomes will serve as the best means to accurately inform our patients, the medical community, and legislators. Existing literature before this study is comprised of case reports and series, which are not evidence of efficacy and do not address safety.^{6–8} This level of evidence is inadequate to support or refute the benefits and risks of any treatment. Unfortunately, legislators often fail to understand differences in levels of evidence and some states now require physicians who provide medical abortion to counsel patients that the actions of mifepristone can be reversed if they change their mind. In 2015, Arkansas implemented mandatory abortion-reversal counseling, followed by Arizona (later repealed in 2016), South Dakota, Utah, Idaho, and, most recently, North Dakota. Several other states have introduced and passed legislation, although some was vetoed by the governors. Abortion is no different than any other medical treatment when considering clinical practice guidelines; laws should not mandate counseling or provision of any treatment when we do not fully understand treatment efficacy (including best route of administration, dose, and duration) and safety.

The dilemma that has been created around mifepristone antagonization exists only because of the void in high-quality research addressing the issue. For now, such a treatment is experimental and should be offered only in institutional review board–approved human clinical trials to ensure proper oversight.

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Authors' Data Sharing Statement

Will individual participant data be available (including data dictionaries)? *Yes*.

What data in particular will be shared? *Data included with the submission in Appendix 1, available online at <http://links.lww.com/AOG/B658>.*

What other documents will be available? *No*.

When will data be available (start and end dates)? *With publication*.

By what access criteria will data be shared (including with whom, for what types of analyses, and by what mechanism)? *In Appendix 1, <http://links.lww.com/AOG/B658>.*

PEER REVIEW HISTORY

Received September 5, 2019. Received in revised form October 9, 2019. Accepted October 17, 2019. Peer reviews are available at <http://links.lww.com/AOG/B659>.

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